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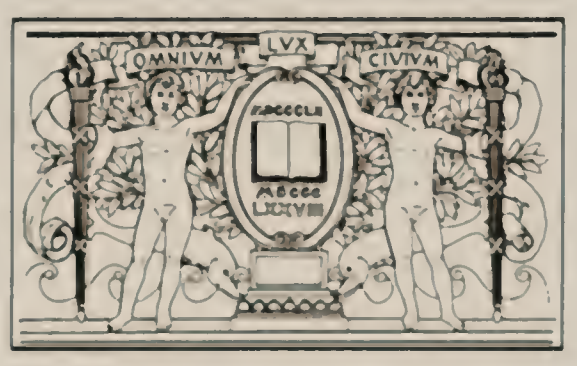

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MASSACHUSETTS REPORT ON HOMELESSNESS

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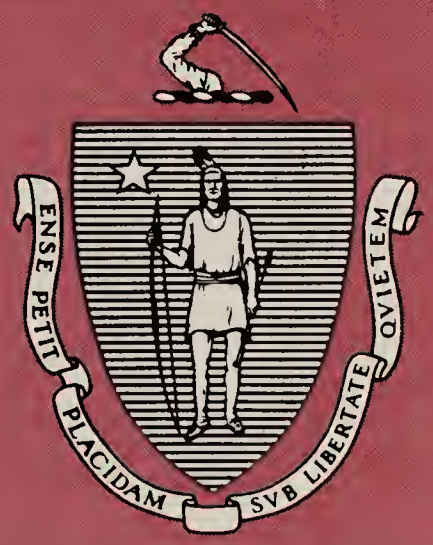

The Commonwealth of Massachusetts

Executive Office of Human Services
One Ashburton Place
Boston, Massachusetts 02108

Michael S. Dukakis
Governor

Philip W. Johnston
Secretary

MASSACHUSETTS HOMELESSNESS REPORT 1985

MASSACHUSETTS EXECUTIVE OFFICE OF HUMAN SERVICE

Publication # 14165-150-500-9-85-CR
Approved by Daniel Carter, State Purchasing Agent

"Massachusetts is parochial, yet it is never long out of the main currents of American life. It is a state of tradition, but part of its history is a history of revolt. Its people are fiercely individualistic, yet they have fierce group loyalities. It is noted for conservatism, yet it exports not only shoes and textiles but rebels to all corners of the earth. Its sons and daughters live in small houses, worship in small churches, work in small factories, produce small things, and vote in small political units, yet time and again their largeness of spirit has burst beyond State borders."

From MASSACHUSETTS, A Guide to Its Places and People. Written and compiled by the Federal Writer's Project of the Works Progress Administration for the State of Massachusetts. 1937.

This report has been prepared for the MASSACHUSETTS EXECUTIVE OFFICE OF HUMAN SERVICES by Carol Bower Johnson of BRIGANDI & JOHNSON ASSOCIATES, Consultants on Homelessness. 51 Rutland St. Boston, Masachusetts, 02118.

MASSACHUSETTS HOMELESSNESS REPORT 1985

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SOUTHEAST - Brockton/Attleboro,Fall River,Plymouth, New Bedford, Cape Cod

CENTRAL - Fitchberg/Leominster,Worcester/Blackstone Valley

GREATER BOSTON - Boston,Cambridge and Sommerville,Chelsea, Malden and Medford,Lynn,Waltham, Quincy

WESTERN - Franklin County,Hampshire County,Springfield, Holyoke/Chicopee, Pittsfield Area,Northern Berkshire County

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MASSACHUSETTS HOMELESSNESS REPORT 1985 :

COMMUNITIZATION

ABSTRACT SUMMARY

This report is based on a six month study of the programmtic response to homelessness as it has been developed in each of Massachusetts' 26 city/areas in response to initiatives taken by the Dukakis administration, which were designed to implement the Massachusetts state policy of Communitization of the Homeless. The major findings are summarized below.

1) Massachusetts has accomplished a comprehensive statewide community-based planning process that is addressing the needs of homeless people in a partnership relationship with the state. The planning infrastructure is located in a network of twenty six cities and the regions around them which are known as Convener Areas. These areas were so named as "Conveners" because in January 1983 the in-coming Dukakis administration asked the lead organizations dealing with homelessness in each of the state's 26 major city/regions to "convene" community meetings about homelessness. Out of those meetings evolved the statewide community planning process, which is now on-going.

2) Massachusetts has accomplished an accurate assessment of what are the dimensions and characteristics of those who are homeless.

3) A massive effort was mobilized to insure that there would be basic shelter for anyone homeless. This has been accomplished for families. During the winter of 1984-85 there was almost enough basic shelter options in place for single individuals; that effort needs to be strengthened and annualized.

4) Massachusetts is currently in Stage Two of response to homelessness which is development of supportive community services to all who are homeless.

5) The challenge of the future is to take steps to rebuild community networks and accomplish a major increase in affordable housing stock.

SINGLE HOMELESS PEOPLE

The number of single homeless people seems to have stabilized, and has decreased in some areas of the state. This was attributed by the Conveners to have happened because of the state's new policy of assisting eligible homeless people with

General Relief, and because of the state's increase in entry level jobs which has accompanied the very low unemployment rate. The main interacting dynamics generating individual homelessness are the break up of the extended family and the demise of neighborhood networks, which was made apparent by the sudden national 1970's collapse of the urban Single Room Occupancy market which was a result of the real estate speculation side effect of Urban Renewal. Mismanaged deinstitutionalization, Federal cutbacks on life support entitlement benefits, and the high unemployment levels of the '70's/early '80's compounded those fundamental dynamics. At least 80% of the remaining known homeless individuals are reported to need development of a stable community "home base" milieu, in which specialized social interventions can be made over an extended period of time before the members of that social unit would be able to successfully rejoin the comunity. A very high percentage of the now single homeless will need lifetime supportive congregate living situations, as many present with signs of the dual presence of chronic alcohol abuse and emotional/social marginalism.

HOMELESS FAMILIES

The number of homeless families able to be identified is increasing in every area of the state. The Conveners report that at least 75% of the incidence of homelessness occurs as family units, when averaged across the state. The majority of these families are single parent mothers supported by public welfare presenting with a history of chronic deprivation of social/community ties. The main dynamics of family homelessness are 1) the increasingly loosening nature of community ties, 2) breakdown of familyhood, 3) increasing poverty due to inadequate benefits and Federal cutbacks in all forms of entitlement benefits, and 4) - all of the mentioned factors interacting with an increasingly acute low income housing crisis driven by the inflated real estate side effect of our strong post industrial economy.

Although it is clear that many families and individuals were, in fact, "socially homeless" before they were without a shelter base, a growing number of today's homeless families seeking shelter are not, nor ever have been, "socially homeless". They faced eviction from their homes because of simple poverty, in the face of steeply rising rents. As the reader will note, although the incidence is low, more and more of today's homeless families are from double-parented head of household "working poor" families. Forced from their neighborhoods, these families - especially their small children - face the stressful alienating conditions that lead to chronic social homelessness, if left alone to take up the most recent generic development of late twentieth century western civilization - urban nomadism.

The virtual termination of Federally supported public housing has paralyzed Massachusetts from moving forward towards an effective Communitization of the Homeless policy.

Each of the 26 Convener Area profiles is featured separately in PART III of this report - describing the history of regional homelessness, local statistics on homelessness, the local plan to begin communitization of those homeless, a list the resource network, identified gaps in the resource network, and description of one outstanding feature of a successful model of supportive intervention into the process of homelessness. Asterisks mark some local projects seeking private funding.

KEY TO GOVERNMENTAL ABREVIATIONS

AFDC	AID TO FAMILIES WITH DEPENDANT CHILDREN - state monies with a Federal component.
CAP	Abbreviation for "Community Action Project - anti-poverty agency network established in 1960's in War on Poverty.
DMH	DEPARTMENT OF MENTAL HEALTH
DPH	DEPARTMENT OF PUBLIC HEALTH - includes Division of Alcoholism.
DPW	DEPARTMENT OF PUBLIC WELFARE - provides cash assistance to indigent families and individuals. Also pays in partnership with private sector for funds for shelter/and shelter staff.
DSS	DEPARTMENT OF SOCIAL SERVICE - mandated to provide services to families in crisis. Co-funds battered women's shelters, licenses and monitors day care centers, deals with child abuse cases. Now also provides social support services and housing finding help to homeless motel/hotel families.
DEA	DEPARTMENT OF ELDERLY AFFAIRS
EOCD	EXECUTIVE OFFICE OF COMMUNITIES AND DEVELOPMENT - in charge of local Housing Authorities.
EOHR	EXECUTIVE OFFICE OF HUMAN RESOURCES - functions as liason coordinating agency between human services and housing arms of government.
EOHS	EXECUTIVE OFFICE OF HUMAN SERVICES - in charge of human service agencies, (i.e. - DMH, DPH, DSS, DEA, etc.)
FEMA	Federal abbreviation for Federal Emergency Management Administration. Has been funded to give some monies to states for soup kitchens and shelters. Short term money, not annualized.

GR	GENERAL RELIEF - state funded program to give two weekly payment to indigents over 45 and unemployable or medically unable to work singles.
HUD	Federal Department of Housing and Urban Development - paid for public housing.
RFP	REQUEST FOR PROPOSAL - sent out to non-profit agencies asking them to propose how theu would spend a stipulated amount of money for a given purpose.
SSDI	SOCIAL SECURITY DISABILITIES INCOME - Federal fiscal support to individuals with medically provable disability (physical or emotional).
SSI	SOCIAL SECURITY INCOME

INTRODUCTION

Overview of Report Format

This report on Massachusetts homelessness is divided into three major chapters:

PART I - WHERE HAVE WE BEEN?

PART II - WHERE ARE WE GOING?

PART III- CONVENER PROFILES

PART I, WHERE HAVE WE BEEN?

This chapter describes a) the background and known statistics of the dimensions of homelessness in Massachusetts and nationally, b) measures taken by the present Dukakis administration that constitute the Massachusetts response to the crisis of homelessness, and c) the findings of a 26 city statewide survey on the results of what has happened in our communities as a result of the new state policy of Communitization of the Homeless.

PART II, WHERE ARE WE GOING?

This second chapter invites a public discussion of what might be the direction of the future, based on continuing the successful policies to address the problem of homelessness initiated by the present administration. This section suggests the future role of the state, Federal Government, the Community, and the Private Sector.

PART III, CONVENER PROFILES

This final chapter presents a description of each of the 26 community regions of Massachusetts that have been convening meetings and taking actions to intervene on the process of homelessness at their local level. Since the lead agency in these areas have been "convening" meetings about the issue of homelessness, they officially became designated as "Conveners". In each profile is included:

1) a brief desription of the LOCAL HISTORICAL DYNAMICS OF HOMELESSNESS,

2) LOCAL STATISTICS and characteristics of the types of homelessness generated in each area,

3) the direction of the COMMUNITY PLANNING PROCESS as it has evolved over the past two years,

3) the RESOURCE NETWORK,

4) GAPS in the resource network,

5) at least one OUTSTANDING FEATURE of that community's resource network that other areas may be interested in knowing about as a possible teaching model to help design projects in their own convenership.

For the reader's convenience, an APPENDIX has been added listing the Convener's address, phone, contact person.

It is intended that this report will facilitate a better understanding of modern homelessness in the context of Massachusetts history, and will serve to inform readers in a way that will encourgage their participation as we struggle to move forward as planners, legislators, and citizens to address this profoundly complex tragedy of our times.

Definition of Homelessness

To "have a home" implies both having physical shelter from the elements and having a place where supportive personal relationships are sustained or can be called upon. Therefore, to be "home-less" means a deprivation on a continuum that includes a loss of one or both aspects of having a home.

An interpersonal homelessness, or "social homelessness", can exist as a result of a nomadic existence of rapid shelter base/place change during a set time frame, particularly during the formative years when a strong sense of identity of where is one's "home" is formed. This happens even though a person or family may never show up as one of the homeless without a house or an apartment.

Homelessness is also created by simple loss of a shelter base such as an eviction, a "fire out", or an "ice out". A homeless state can be sustained by lack of resources, as well as by a chronic state of interpersonal vulnerability such as chronic mental illness, alcoholism, or untreated medical illness. The homeless process itself induces vulnerabilities.

Definitions of exactly what homeless is (and isn't) have been a stumbling block to those reporting on homelessness. Therefore, the reader will please understand that we know that homelessness is a function of both the person homeless and the rejecting cultural milieu of that person. However, for the purposes of this report, two catagories of homelessness will be referred to - in order to better refer to types of interventions that need to be made to enable the restoration of a homeless individual or family to the community. It must be emphasized that, of course, these are not hard and fast catagories, but are only made to help the conceptualization of intervention strategies.

Simple Homelessness - refers to a homeless person/family whose major problem preventing return to the community is lack of resources. That is, he or she may have some other social problems, but those are not of severe enough gravity that stabilty, resources, and simple advocacy couldn't enable a return to community housing.

Complex, or Multi-Problem, Homelessness - refers to a homeless person/family who not only are experiencing a deprivation of resources, but who also have added social problems of such severity that stability, resources, and simple advocacy would not be enough to enable that person or family unit to regain a home by simply gaining access to housing.

Simple homelessness can easily become multi-problem homelessness, such as happens when there is simply no affordable housing in which to re-build a social nest. Therefore, it must be remembered that these catagories are conceptual only and cannot be taken as a "diagnostic lablel".

Components of Study

The study that underlies the basis of this report was carried out by conducting interviews with each of the state's twenty-six Convener Groups in which each one was asked about the status of the eight components of a Resource Network that needs to be present if a comprehensive system is in place that can both "catch" homeless people in a web of support, and return those homeless people of all kinds to the community.

Those eight catagorical components were asked about in the following series of inquiries, as explained below:

1. Is there predictable shelter? This means does the homeless person/family easily know where shelter is? This is another way of asking about the status of an Information and Referral system - formal or informal.

2. Is there enough stable shelter? This refers to measuring not only are there "enough shelter beds" but also asks about the stability within the shelter itself. Does the homeless guest know which is his bed or area to sleep in, rather than having to walk up and take his chances that a place for him/her may or may not be available. That kind of stability is a prerequisite to positive mental health

3. Is there positive daytime stability/structure for those who are homeless? This question is asking about the structure of the day for the homeless person/family. A excellent night time shelter system is not usually enough to meet the needs of people, if they are to reintegrate and successfully leave the state of being homeless."Positive" refers to the milieu - are there friends? is the place where the homeless person spends his time a warm and accepting one? Too often people forget that an unstructured negative milieu, such as being forced to "walk around" all day can be devestatingly destructive to a person's sense of selfhood; which in itself prevents one from even trying to get off the streets.

4. Is there access (advocacy) to services for those who are homeless?
(not is there a department of mental health/department of welfare,housing/etc., but is there someone to facilitate availability of those services in a meaningful way for th e homeless person/family.) Often there may be wonderful services in a community, but the homeless person/family cannot easily access them which renders them useless to these consumers.

5. Are there services for the homeless? a) welfare, b)mental health, c) legal.

6. Are there medical services for the homeless? In particular, are alcohlism services meaningfully available for the homeless?

7. Is there enough affordable housing? What type is needed in your area?

8. What is the status of your capacity to community plan? Is there an agent of responsibility? What do you need to better plan?

Those areas of inquiry, when combined with the historical factors driving homelessness in that area (i.e. gentrification, unemployment, mismanaged deinstitutionalization) allow one to understand what aspects of the resource system are missing. This then allows better policy planning "at the top", as well as helps inform people and institutions at the local regional level who are seeking to participate in stregthening their community.

The rest of this report is a summary of what steps the state of Massachusetts took to address developing a resource network to respond to homelessness, and the effectiveness of those steps in activating communitization of the homeless.

PART I - WHERE HAVE WE BEEN?

Background and Statistics

Dramatically increasing Massachusetts homelessness was first noticed by Massachusetts major city shelters, inner city churches, and urban anti-poverty agencies in the mid-1970's. In the late 1970's Boston's United Community Planning Corporation, the research arm of the United Way, began a series of inter-agency meetings about the increasing phenomenon of families displaced by eviction due to their inability to pay escalating rents as inner city property became more and more valuable in response to Urban Renewal.

The first major Massachusetts response to homelessnes was made by the arm of government that is concerned with mental health. At that time the mythology of homelessness was that it was caused by deinstitutionalizing state hospital mental patients.In 1980 the Massachusetts Department of Mental Health opened the nation's first shelter for the deinstitutionalized homeless in response to public outrage expressed in the media in response to photographs of long, long lines of single homeless men lining up to get into a 350 bed shelter facility in Boston. That same shelter served only 200 homeless men in its old facility the year before - the new lines (even in the summer) were 750 people long. A study conducted by the community mental health center serving that area had documented that at least one in four of the homeless guests at that shelter had been deinstitutionalized by regional mental health centers. This information by itself implied "mental health solutions". However, the experiment of the shelter for the deinstitutionalized caused a crisis in public policy, as it became obvious that this homeless population was, in fact, only a small fraction of a <u>much larger and growing population</u> whose presence on the streets had more to do with issues related to a desperate housing crisis than only do to with mismanaged deinstitutionalization.

In 1983 the Massachusetts Coalition for the Homeless, founded in 1981, conducted the state's first statewide survey of homelessness. It was unable to reliably count the number of homeless because of lack of the tools to do so, but it was able to document that the number of shelters in the state had doubled

(from 10 to 20) in two years '80-82, and that the number of soup kitchens had tripled in the same two years (from 10 to 30). At that time it was commonly assumed that shelters for the homeless were almost exclusively located in Massachusetts three largest cities - Springfield, Worcester, and Boston.

Actually a hidden indicant of the dimensions and pervasivness of "homelessness" was to be found in the noticing that shelters for "battered women" or "women-in-crisis" were proliferating statewide. This was happening to the degree that the state Department of Social Services (DSS) began a partnership non-profit contract model of funding to help support them - at least 10+ of these existed across the state by the end of the 70's. Women coming to these shelters were not only battered, but were without support systems of extended family or community who existed for them in a mutually interdependent network.

The three" first family shelters" for the homeless started in 1980. It was noted in the Mass. Coalition for the Homeless report that was submitted to the state Department of Public Welfare that homeless families were reported to be living in cars in Holyoke, and on Cape Cod, as well in the state's three major cities just named.

In January 1983 the newly elected Governor Michael Dukakis administration immediately began to mobilize its bureaucracy to count the homeless. This was done by the efforts of the newly formed Executive Office of Human Resources which conducted the statewide informational study on homelessness, "Profile of the Homeless in Massachusetts"(Nancy Kaufman). Although still lacking bureaucratic mechanisms to accurately count the homeless, it was a much more extensive report than had been done before, as it was able to ask not only the shelters "who is homeless" but all the social service and state agencies as well. The report noted that it found both single <u>and</u> family homelessness in <u>each</u> of Massachusetts 26 major cities.

In 1984 a joint report conducted by the United Community Planning Corporation and the Massachusetts Association of Mental Health, "More Than Shelter: A Community Response to Homelessness" (which can be obtained by writing UCPC, 87 Kilby Street, Boston, MA 02109), analyzed the Greater Boston helping network, as well as analyzed and the homeless more accurately than any agency anywhere had done so far. It was based on questionairres filled out during a Boston one night count by more than 1,000 single homeless people in shelters and 80 homeless families.

Another index of Massachusetts homelessness is to notice the result of a new Massachusetts law passed in October of 1983 - the nation's first comprehensive anti-homelessness legislation.. One of its provisions was that the Massachusetts Department of Public Welfare(DPW) be able to use Emergency Assistance funds(EA) to pay to eligible families for back rents to prevent eviction, and/or to pay for a homeless family to stay in a motel/hotel until re-housed. It can be noted that the DPW, in six months time, following Governor Michael Dukakis signing of the new law, spent more than 4.8 million dollars on Emergency Assistance for homeless families.

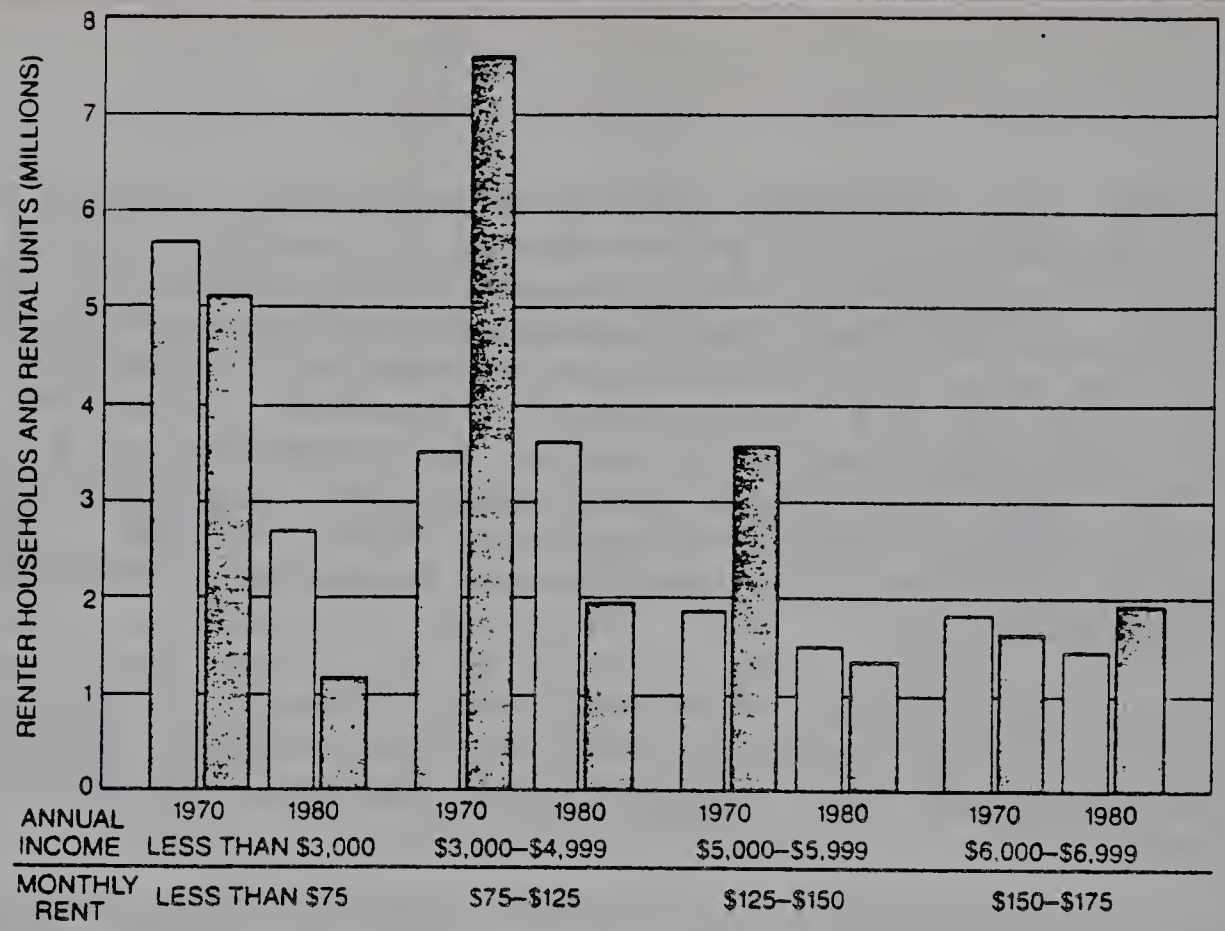
In PART III of this report the reader will note that each of the 26 Convener Areas has beginning mechanisms in place to respond to family homelessness; and each reports family homelessness is on the increase.

Massachusetts is not the only state experiencing homelessness, and the United States is not the only nation with evidence of homelessness,although the convergence of forces that is creating Massachusetts homelessness may be made of a different mix than elsewhere. The National Coalition for the Homeless formed in 1982 (212-254-8900), and now has representation by shelters in all of our fifty states. During the years 1980-83, the New York Times has written about advocacy groups for the homeless in England, Paris, and Berlin.

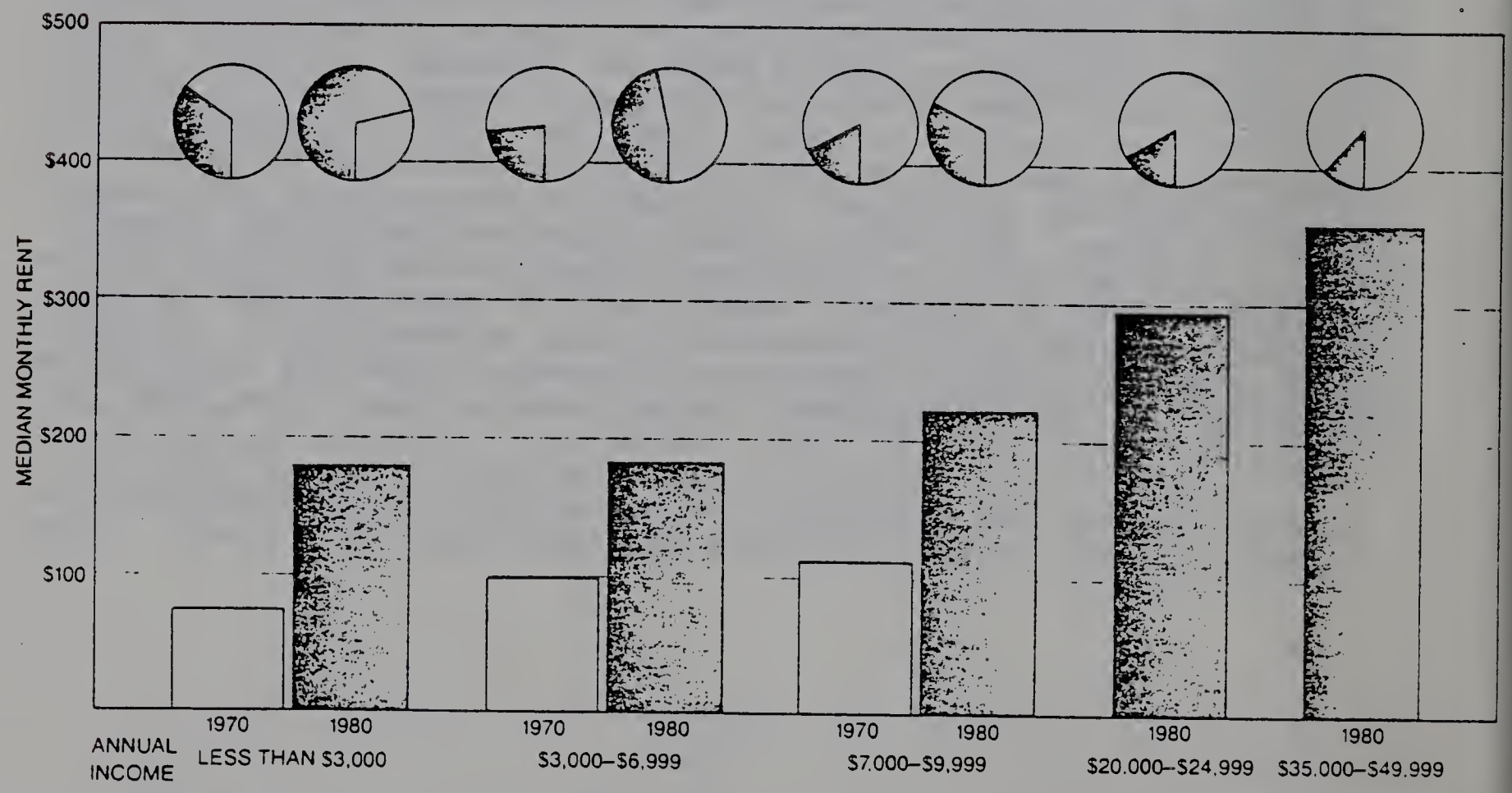
National statistics on homelessness are as difficult to accomplish as were the early Massachusetts statistics for the same reasons - that is, 1) lack of interest, 2) lack of enough shelter bases to easily notice all who are homeless, and 3) lack of national bureaucratic mechanisms to count those in shelters. The nation's first Congressional hearings on homelessness since the Great Depression were held in December of 1982; it was reported there that advocates estimated there to be 2 million homeless nationally. A year later in 1983 a second set of Congressional hearings on homelessness estimated there to be 2.5 million homeless Americans. In June 1984 the federal HUD agency reported there to be .5 million homeless Americans; however, that figure was based on telephone interviews to advocates across the nation and a specious "averaging" of those figures by HUD. Reliable figures are dependent upon the presence of a national governnmental agency charged with data gathering that can be verified by an independant organization; this has not yet occurred.

Finally, to set the discussion of Massachusetts homelessness into context for the reader, included in this study is a graph from

FIG. 1



SHORTAGE OF AFFORDABLE HOUSING for renter households with low incomes intensified in the 1970's and probably contributes to the growing homelessness problem. Colored bars indicate the number of renter households in a particular income range; gray bars indicate the number of rental units available in a rent range equal to 30 percent of the income range. As a result of inflation the total number of renter households with incomes below $7,000 fell from 13 million to about 9.2 million between 1970 and 1980, but the number of units available at rents below $175 (including utilities) dropped much more, from 17.9 million to 6.4 million. Many households in low-income groups that face an affordable housing gap must spend more than 30 percent of their income on rent. This illustration and the one on the opposite page are based on estimates provided by the Low Income Housing Information Service, which analyzed data from the census and from the Federal Government's Annual Housing Survey.



MEDIAN RENT paid by low-income households increased between 1970 and 1980, as did the fraction of income they devoted to rent (*colored wedges*). The 1980 figures indicate that the households with higher income generally spend a smaller fraction of it on housing.

July 1984 Scientific American (Fig. 1) magazine illustrating the national shortage of affordable housing, which in Massachusetts is the main dynamic of homelessnes. The graph is included to demonstrate to the reader that the dynamic of shortage of affordable housing, and/or lack of enough fiscal resources to pay for housing, is a national phenomenon of drastic proportions.

In summary, the background and statistics of Massachusetts homelessness are that:

1) Homelessness has been increasing since the mid-70's.

2) This phenomenon of homelessness is a national one uncovered, inensified, and now generated by an increasing affordable housing shortage crisis and increasing incidence of poverty among low income people (especially children of single parents).

3) The social support systems of Western society that historically served to keep individuals part of the community (extended family and neighborhood) have undergone profound changes that have allowed the condition of homelessness to become a pervasive contemporary phenomenon, quite different than the simple poverty " of nineteenth century Poor House residents, who were still part of a social unit.

The Massachusetts Response - Communitization of the Homeless

The beginning of the Massachusetts statewide and comprehensive commitment to the homeless happened when Governor Michael Dukakis came into office in January of 1983. In his Inaugaral Speech he declared homelessness to be his administration's "number one priority". During the next 18 months a clear policy pattern evolved which will be described in this report. Together the policy initiatives taken over those 18 months have shaped a programmatic response that can be described as one which has allowed the process of "communitization of the homeless" to begin.

It is the focus of this report to describe what, in fact, did happen and how that has affected our communities' abilities to help integrate the homeless into our societal network. It is also the focus of this report to point out that "our societal network" is an increasingly fragile one. The social bonding among family members and within a given community has been undergoing radical change for more than 100 years.There cannot be a "quick fix" that will eradicate homelessness. However, an important process has begun here in Massachusetts. In some areas it may appear that not much has happned, such as Haverill or Malden. However, both of those communities have a hard core group that has been meeting and planning. This in itself is the major "news", which is difficult to notice, but may be more important than the announcement of a shelter opening. Massachusetts, a pioneer in this area, has been struggling to bring about models of intervention and integrattion that "work". Some mistakes have been made; and policy decisions are under constant review. There is much to be decided and there is much to be accomplished.

The single most important accomplishment of the present state administration lies in the fact that Massachusetts is now a state, the only state, with an in place statewide infrastructure to respond to homelessness. This is an enormously complex accomplishment, that sets the stage for citizens, planners, and policy makers to be able to move forward in a process of discernment that is critical to continued effective response based on an accurate understanding of history and present realities, not on the mythologies of homelessness that blame the victim. The following narrative describes what has happened.

The Dukakis administration quickly moved in four arenas of action that, together, have interacted to create the state's policy and programming strategy to alleviate homelessness. Those four arenas were:

1)leadership,

2) developing community based planning instruments,

3) state coordination/access to resources/on-going support, and

4)systemic change at the bureaucratic and legislative levels of government.

Initiatives in those areas have allowed the state to significantly move towards its objectives of:

A) meeting the emergency needs of the homeless,

B) developing support services for the homeless,

C) prevention of homelessness.

1. Leadership -

The machinery of government is not fully free to act on contemporary issues that develop in a society until the executive arm of government sanctions the issue as legitimate at the very highest level of expression of political will. When Governor Michael Dukakis declared homeless people to be his new adminstration's top priority in his January 1983 Inaugaral Address, it was not only a moral commitment; it was also a political act with profound legal/economic/social ramifications. His simple declaration legitimized homeless citizens. This was the key to unlocking the bureaucracies that serve our Commonwealth to be able to plan strategies which would include this population which was heretofore excluded from governmental responsibility. Citizenship rights had been tied to the now anachronistic notion that enfranchisement was tied to property ownership. That is, an indigent person in Massachusetts had required a "fixed address" before state services could be offered. (Later this policy change was explicity spelled out in precedent setting anti-homelessness legislation.)

A second series of leadership initiatives on behalf of the homeless were taken by the Governor during his first week in office. Governor Dukakis created a new infrastructure of government to serve as a liaison office of planning and

coordination between the human services and housing arms of government which would report to him, named the Executive Office of Human Resources (EOHR). The new Director of that office was charged with the responsibility of developing the administration's response to homelessness. Up until that point in history there had been no administrative link betwen the housing and human servies

His first act was to call a joint meeting between the new leadership of the human services and housing arms of government, and the leadership of the advocates for the homeless. With the help of that advocacy/government group, he appointed an 80 member Governor's Advisory Board on Homelessness. This Board is co-chaired by Mrs. Kitty Dukakis, an activist in human affairs, and the esteemed Bishop Timothy Harrignton, a well known faith community leader from the western part of the state.

The administration ordered that a state Homeless Hotline be installed, and directed that the state immediately start a 100 bed state funded shelter in Boston to take care of the known overflow of homeless guests unable to be served by the existing shelters. Although, as this study reports, the Homeless Hotline did not work effectively (as there were not sufficient services in place to which to refer the thousands of callers across the state who sought to use it), the Homeless Hotline and state shelter were critical to the development of the now established working partnership of the public and private sector.They signaled to the advocacy and provider system that the new administration really was serious about the commitment to the homeless.

Credibility has proved to be a prerequisite to a policy of communitization of the homeless. Because of the nature of homelessness, a social state, anti-homelessness programming cannot be "done to" a community by an outside government agency. Moral and political leadership has allowed local planning, state coordination and resource allocation, and meaningful systemic change to begin. That is essential to the necessarily community process of regenerating and strengthening community ties.

2. Community Based Planning -

The state put in place a three part planning structure based on the notion that because homelessness is a community phenomenon, it is best dealt with at the community level. Three structures facilitated the beginning of community based, but comprehensive, planning.

A) Governor's Advisory Board - This board was divided into three tasks forces (each replete with many Subcommittees) -

Emergency Task Force,
Cash Assistance and Supportive Services Task Force,
Long Range Housing Task Force.

The initial and interim reports contributed across the board policy suggestions. Task Force chairpersons and statewide representatives from the Massachusetts Coalition for the Homeless served as the Steering Committee and met with as the Statewide Planning Committee under the leadership of EOHR (now under EOHS - see further discussion in text and diagram below.)who coordinated input from the Interagency Homeless Team.

B) EOHR formed the Interagency Homelessness Team which consisted of departmental representation from all departments in Human Services and from the housing arm of government known as EOCD, the Executive Office of Communities and Development.

C) The community Conveners became the local planning instruments by being empowered as such by EOHR.

Why were Conveners identified?

It was recognized that developing a separate bureaucracy called the "Department of Homelessness" that would plan centralized shelters would actually add to the problems of homelessness, since that would not enable the homeless to be reintegrated into the social fabric of the community. Instead, as will be discussed in the following section (3. State Coordination), local efforts to help the homeless needed definitive enhancement. This was accomplished by identifying a convener system and tying it by relationship to the central state administration.

How was it decided which would be the agency to "convene" meetings about local homelessness, and therefore be known as the "Convener"?

The state looked to the history of Massachusetts to determine who were the strongest local actors in addressing the needs of the homeless in a given community. In most cases, these agencies were the anti-poverty programs, (known as "Community Action Projects, or CAPS), put into place during the War on Poverty twenty years previously during President Johnson's

administration. These agencies were able to effectively take advantage of the Massachusetts local political and legislative structure. It is important to notice that the present political and legal structures in Massachusetts are built upon the 350 year practice of "town meetings", organized by the colonies as a way of insuring community survival. As they wrote in the nation's first document articulating the policy of communitization, the Mayflower Compact:

> "...do by these presents solemnly and mutally in the presence of God, and of one another, covenant and combine ourselves together into a civil body politic, for our better ordering and preservation and furtherance of the ends aforesaid: and by virtue hereof to enact, constitute and frame such just and equal laws, ordinances, acts, constitutions and offices, from time to time, as shall be thought most meet and convenient for the general good of the colony: unto which we promise all due submission and obedience."
>
> (Ano dom. 1620)

Getting in touch with and strengthening what is left of community ties in Massachusetts has characterized the Massachusetts anti-homelessness strategy. Dipping into the already existing community based anti-poverty networks which were tied into the pre-existing town and city networks, several hundred years old, has been the key to the design of Massachusetts intervention into homelessness.

In the areas where the local CAP was not active on the homelessness issue, and/or another local agency had assumed the leadership role on dealing with homelessness, that other agency was designated to be the Convener.

How was it decided what the boundary lines of the Convenership would be?

Although homeless people only lived in the urban core of cities at that time in 1983, this was because that was where the only options for surviving existed for homeless families or individuals - the soup kitchens and shelters. However, the homeless themselves come from the surrounding areas as well as the urban core. Therefore, deciding exactly where the boundaries of the convenership would be meant drawing a map over Massachusetts which outlined the total area of influence about

the urban core. Each pre-Convener Area had reported congregate numbers of homeless people to the Mass. Coalition for the Homeless in 1982. (See Convener map on page two of PART III).

That identification of Conveners was step one of the creation of community based planning instruments. The next step was to ask each of them to convene community meetings and report back to the EOHR on a series of questions asked of them describing the dimensions and character of homelessness in their areas, as well as asking them what they thought should be done.

Their community reports back to EOHR demonstrated the wisdom of the early decision to create the local planning instruments. The diversity of problems as the Conveners reported to this study are profiled in PART III of this report. Certainly what might be good for one area would be meaningless or counterproductive to another.

The convener concept encouraged many elements of the community to be able to come together in a non-threatening way along the lines of helping relationships that had already existed in those communities. Attending were representatives from the local faith communities, charitable organizations, local legislators, state agencies, police, Red Cross, etc.. Some areas were fortunate to have local bank presidents and leaders of local business become members of the convening process. As the reader will see in the PART III that profiles the conveners, many Conveners have actually incorporated as entities of their own.

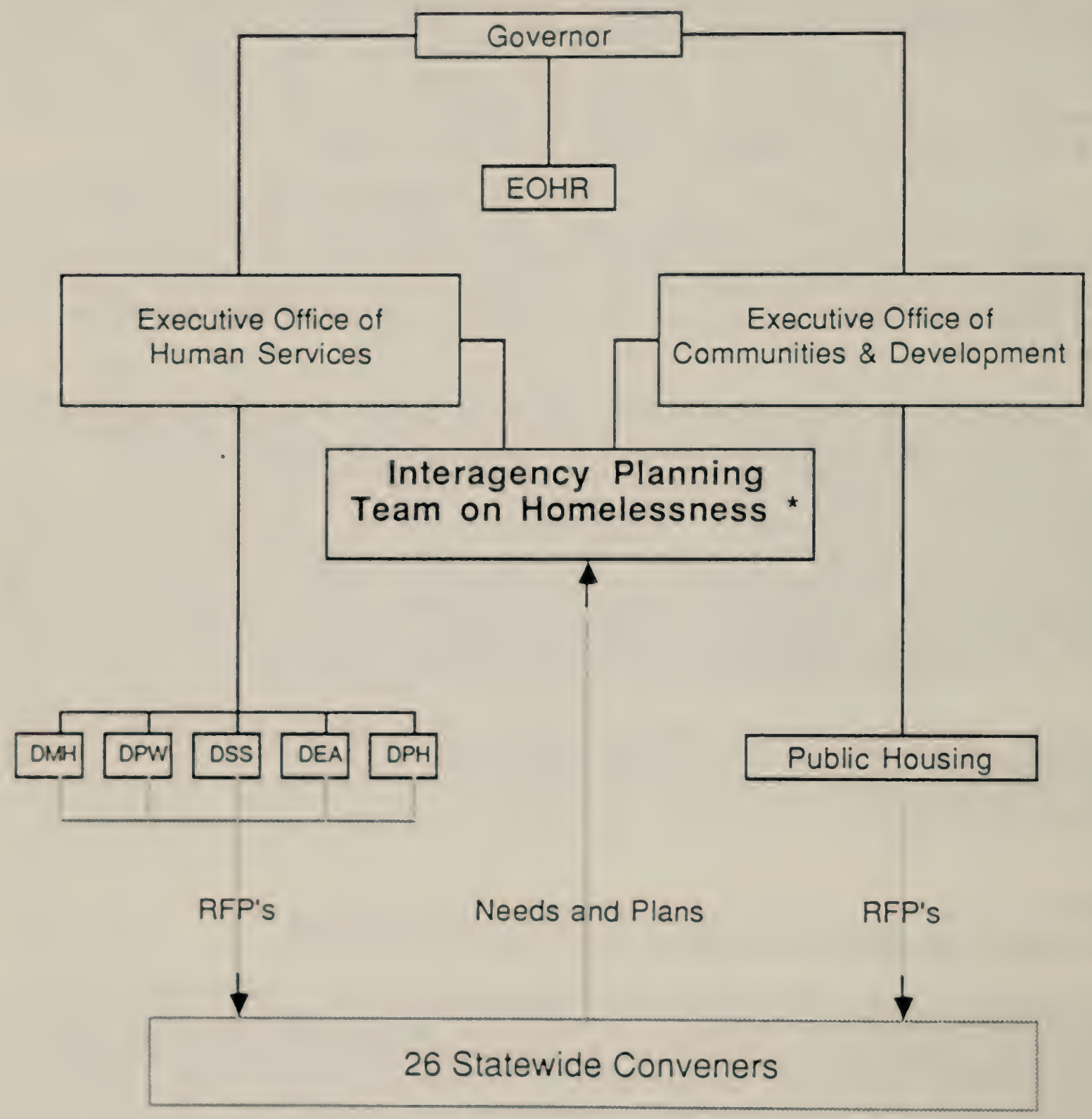
In this way the local planning process was sanctioned and expanded. An unnecessary level of state bureaucracy was avoided. The Conveners relationship to the state planning mechnisms are describe below.

3) State Coordination/Resources/On Going Support

The state's role in addressing the needs of the homeless is to provide the coordination, access to state resources, and on-going support that will enable the Convener groups to carry out their plans. The diagram inserted on the following page (Fig. 2) illustrates the Table of Organization of the states planning and resource allocation mode for empowering the homeless population (described below).

Although initially EOHR convened the Interagency Planning Committee, the locus of planning leadership was later moved to

Fig. 2 State's Planning and Resource Allocation Mode for Homelessness



* Chaired by EOHS; Governor's Advisory Board on Homelessness Advises, through State Planning Committee on Homelessness (Steering Committee of Advisory Board, and Interagency Team leadership, also chaired by EOHS)

EOHS, which has direct control over five of the major human servies bureaucracies that deal with homelessness. This has enabled a more authoritative planning process . The housing arm of government (EOCD), outside of Human Services, remains an integral part of the Interagency Team because of the now well oiled working relationship that exists as a result of the initial liaison function of the EOHR.

The state has encouraged coordination of services to the homeless in a number of ways:

a) The Interagency Planning Team on Homelessness, receives information back from the Convener network, and sets policy direction that enables each agency to know what kind of resource allocation, in the form of Requests for Proposals (RFP's) will enable an integrated program at the community level.

b) Although any agency in a given community may apply to any given state RFP, it is unlikely that any grant would be awarded without the endorsement of the Convener group in a given area; this encourages the relativity of a given program. The development of many competing uncoordinated programs for homeless people can be as disasterous for the homeless as no programs. This not only wastes resources, but gives homeless people so many options that the goals of continuity and stability in homeless people's lives are lost. The traditional model of "setting up shop" with a human service offered (such as opening a doctor's office) assumes that the people coming have a stable home base and are able to choose their path to you. On the other hand, homeless people's very lives are shaped by the survival options they must walk to. It is very debilitating to discern which of the 18 soup kitchens in Boston is open which night (prior to the coordination of that process by the Boston Shelter Committee). Another example of this un-thought out debilitating service system is found in Boston where there is not one mental health center, but six separate independant ones that "take turns" serving the homeless on any given day. Historically this works well for the centers, but is not what a group of planners would have organized on purpose for homeless people trying to be evaluated in a psychiatric crisis. This is why, now that Massachusetts is "getting into the business of homelessness", that the traditional awarding of funding to whatever group comes forward with program is no longer a helpful way to decide to whom is awarded the funding. The process of RFP's only works as well as the ability of a community program to be able to demonstrate how it fits into the overall goal of stability and continuity for the homeless it intends to serve. No longer can the judgement of awarding of funds be based soley on the

sterling background of a Board of Directors or only on the integrity of the balance sheet of a given group seeking funding.

c) Another way the state has encouraged coordinated community planning was exemplified by the last DPW Alternative Shelter money of 1984-85 heating season. An RFP was put out that noted a single agency could apply and receive up to 3-5 thousand dollars; however, if more than one agency put in a joint proposal with another community agency, together they could be awarded up to $40,000.

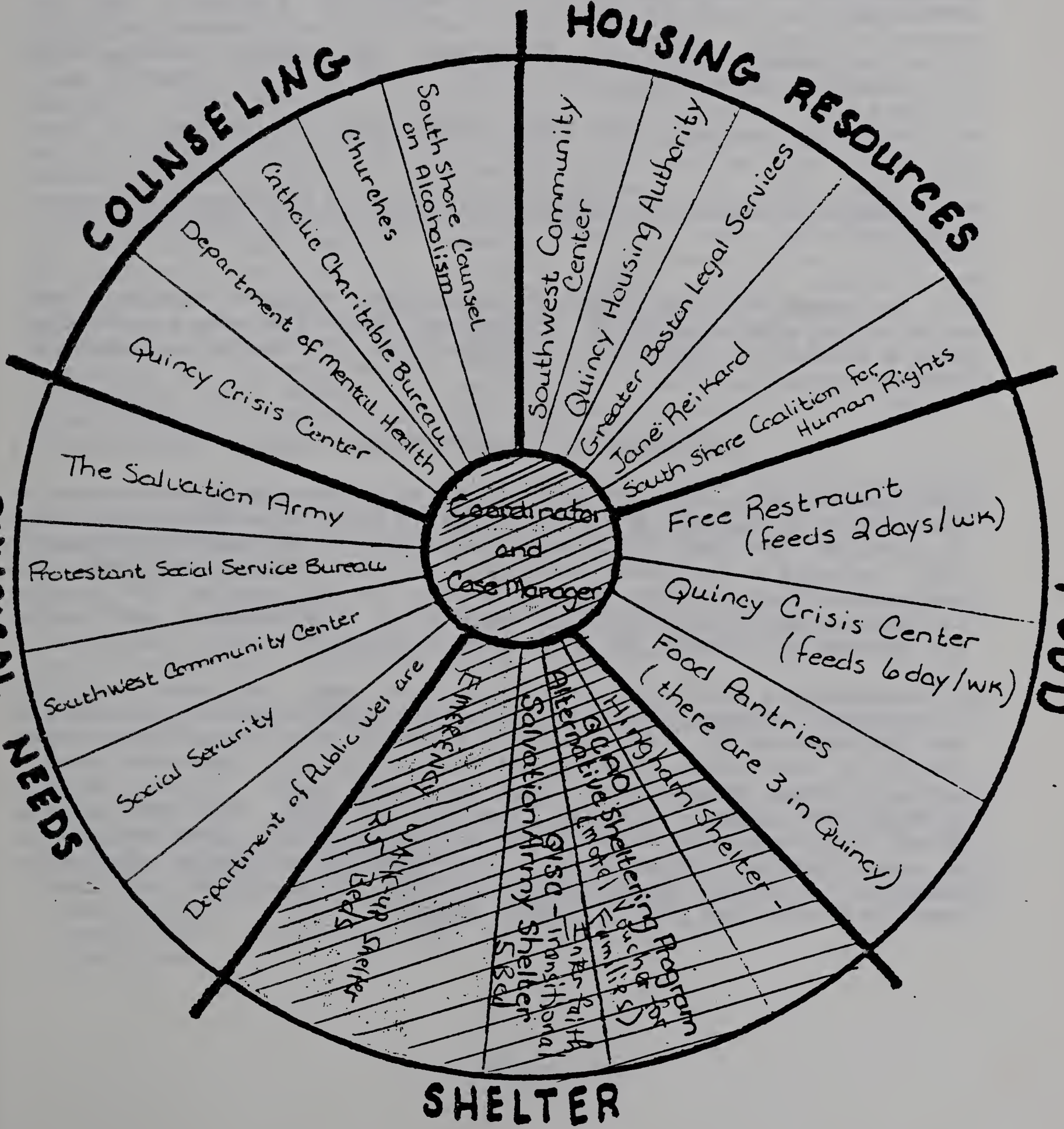
d) Another way to maximize community coordination is in the judgment criteria applied to submitted proposal in response to the RFP. Great weight is put upon the applying agengy's demonstration of how their proposal would fit into and maximize services already existing in the community, showing how that it would be a part of services completing a comprehensive Resource Network. An example of a highly successful proposal from a cluster of Quincy agencies which demonstrated in a service circle how the applied for DPW funding would fit into the existing network of services is shown on the following page. (see Fig. 3).

The rational of the Request for Proposals, RFP's, is that the purpose of the RFP is designated by the state agency, but it is up to the agency applying for the funds to show how this will be accomplished . This leaves the program design up to the agency seeking the resources, in the Convener context, and insures that the resources will be applied to solutions that are relevent to the local problem of homelessness. The state therefore is not in the awkward position of forcing irrelevant programs onto the Conveners, which would kill any effectiveness intended.

The very process itself of asking the Conveners what they are seeking, and helping the resources being accessed back to the Convener, builds the kind of trust and confidence in the working relationship of the local planning instruments and the state that is critical to good programming. If mistakes are made, other tacks can be tried out when the relationship is a positive one.Both the state and the local convenership have come to realize their interdependence in reaching out to the homeless.

FIG. 3

SERVICES CIRCLE demonstrating use and enhancement of existing community services/resources. The lined/shaded area respresents the project for which DPW funds were being solicted in response to a statewide RFP for "Alernative Shelter".



4) Systemic Change - Bureaucratic and Legislative

Although each local area was empowered to be able to design its relevent plan to intervene on the process of homelessness, many of the things that needed changing required systemic governmental change at the central level of government. The state administration has responded to the need for systemic change in two ways:

A) change patterns of delivery of services in the state agencies themselves;

B) change state laws that impact upon homelessness.

A) Systemic Change By Changing Patterns of Services in State Agencies

The following are department by department changes that have been made within state agencies themselves that were made to further enable effective action on homelessness at the local community level.

DEPARTMENT OF PUBLIC WELFARE (DPW)

Administratively, the DPW was the first state agency to create a new agency leadership position known as Statewide DPW Coordinator of Homeless Services, with an accompanying division of personnel that includes a technical assistant to groups designing shelters, a regional case manager to help groups who do receive DPW monies to develop shelters, a fiscal expert to whom groups can relate who manage DPW funds, and a shelter developer.

A DPW contract model for RFP's was developed that gave priority to nonprofit groups seeking to develop shelter that insured the new shelters would offer not only a stable transtional base (each family or individual live at the shelter as in a temporary home), but also would demonstrate that the group would provide on-site advocacy for their clients. Some 25 of these "DPW Partnership Model" shelters have been set up by non-profits across the state in some fifteen communities. The funding mechansim for these shelters is one of reimbursement - 75% for the first two years, and 50% annualized the following years.

DPW created a Client Services statewide telephone line that responds to complaints or inquiries made by DPW clients (or potential clients) either directly or by their advocates. This has been of enormous value in redesigning their service system to effectively respond to homelessness. For the first time, a state agency allowed itself to systematically be in touch with those consumers it was not satisfying.

The DPW created a new type of RFP to respond to homelessness, above and beyond the DPW Transitional Partnership Shelter model in response to Conveners who asked for "more flexible" models (see Convener Profile W-6 - North Adams in the Berkshires as an example). This new RFP was named the Alernative Shelter Program. Each of the last two winters the DPW granted more than $400,000 worth of Alternative Shelter funding to non-profits across the state who had to show how any monies allocated to them would help their local system to help the homeless. In some cases this meant money for shelter staff, in some cases it meant resources to pay an institutional heating bills, etc. One of the most productive grants was to a group of faith communities in Boston for funding to hire technical assistants to help churches and synagogues set up temporary winter shelters; and separately DPW made small grants to those churches/synagogues to pay for the staffing of such shelters. Without the creation of this highly "flexbile" seed money, it is unlikely that the programs would have started - which eventually produced more than 300 beds of stable shelter. (see Quincy and Lynn profiles).

Most recently the DPW put out an RFP that seeks to give resources to non-profit groups who can aide AFDC and GR clients in obtaining mandated new health benefits legislated to be available to homeless people.

The DPW is expanding a pilot program which provides Emergency Assistance payments to shelters and community organizations to house families in shelters rather than motels/hotels.

The DPW is also expanding a pilot program to pay landlords an extra months rent to encourage them to accept AFDC applicants for housing.

Both DPW and DSS will be assigning workers to Family Action Support Teams (FAST) to access families to needed services, eg., Transportation, Employment Training, Project Good Health, Medicaid and Day Care. These teams area essential to first, help families move from emergency situations and into permanent housing and, secondly, once there, to ensure that famiies are stabilized.

The DPW is expanding its guidelines for staffing pattern of the 22 shelters it now subsidizes to include a the potential position of a Child Life Advocate who can expressly focus on the needs of children - organizing play and support for parents.

The DPW continues to struggle with its sister agencies to develop a more effective program to serve homeless families who are temporarily staying in motels on EA monies, when shelters are full. As the reader will note in reading the histories in the Convener Profile section of this report, family homelessness continues to increase - faster than mechanisms can be created to prevent that increase. This is necessitating the DPW to work closely with the DSS, the agency mandated to offer case management services to homeless families in such scattered site shelters. The DPW response is subject to constant review, as the intensity of family homelessness changes in areas across the state. New program models are currently being worked on in an effort to stabilize and find new housing for these families in crisis.

DEPARTMENT OF SOCIAL SERVICES (DSS)

Initially the DSS appointed a consultant to begin their internal process of addressing homelessness. A year later a permanent Coordinator of Homeless Services was appointed, after EOHS named DSS as the lead agency of service to the hotel/motel families for the homeless.

DSS changed its former policy of automatically filing a "51-A" on any mother who was homeless. The "51-A" is the name of the act that enables the DSS to remove a child from its mother when neglect is present. This has made a very significant difference in the number of mothers who have come forward asking for help when facing homelessness. Some used to hide with their children in abandoned buildings, rather than face giving up their children. The image of the DSS as a threat to familyhood has changed to one of an agency serving to help families stay together.

DSS funds 13 Information and Referral services statewide ($380,000); DSS funds 8 programs providing counseling services to families in distress related to homelessness ($460,000).

As the lead agency on service to homeless families in motels/hotels,

DSS is starting to provide services through Independent Service Contracts to those families now living temporarily in motels/hotels to ease the stress of those living arrangements. The services will include Day Care, camp placement for children, transportation to locate housing and/or a job, and parent aides to allow the parents to conduct an intensive housing search with DSS housing specialists.

Recently the DSS doubled its statewide staff of housing and support specialists by funding contributed from DPW's Housing Resources Department.

DSS is in the process of developing transitional living programs for 20 high risk families who need supervision and training to strengthen their daily living skills, and their ability to maintain an independent family life. Training will focus on family development, financial planning and management, nutrition, housekeeping, continued academic education and job training with an additional focus on counseling for interpersonal and parenting skills.

DEPARTMENT OF ELDERLY AFFAIRS (DEA)

In January of 1983 the new DEA Commissioner, in a bold and innovative administrative stroke, mandated that any elderly homeless person would qualify to be serviced the the DEA Home Care program while being supported by DEA in an alternative living situation. Many very elderly homeless individuals were, in fact, showing up in shelters as a result of evicition. In the 1982 media were documented cases of an 84 year old women and 94 year old man seeking safety at a Salvation Army shelter. This one important policy directive changed that particularly brutal outcome of elderly eviction.

DIVISION OF EMPLOYMENT SECURITY (DES)

The Governor ordered that the homeless be a top priority of DES job seekers. Statistics on Single Homelessness have dramatically dropped in many Massachusetts areas according to the Conveners. They attribute this to the fact that not only has Massachusetts unemployment decreased dramatically (to below 4%), but also the DES agencies have aggressively sought to help applicants who report a shelter address. Formerly, a shelter address meant a sure position at the end of the unemployment line.

DEPARTMENT OF MENTAL HEALTH (DMH)

The first actions of the DMH taken to address the needs of the homeless were ones directed at reorganizing its own infrastructure under a newly appointed commissioner who had a background in both adminstration and health care. Reorganizing top management and creating new structures for fiscal accountability were prerequisites to addressing the needs of the homeless.

The next steps taken were to design a DMH research project that would inform the DMH itself as to what actually were the problems of the homeless and what, therefore, should be the appropriate role of the DMH. The public had tended to articulate two extreme views of the homeless on opposite ends of a continuum of possible opinions. There are those who believe most of the homeless are mentally ill and ought to be "treated", which implies the reopening of state hospitals to correct the errors of deinstitutionalization. The other view is that homelessness is only caused by poverty and neglect - implying that the homeless only need money and housing, and not any supportive interventions by any departments of mental health. For these reasons, it was imperative that the DMH take a careful look at the homeless and homelessness dynamics. The DMH applied to the National Institute of Mental Health (NIMH) and received funding to conduct the DMH Mental Health Research Study which is assessing the psychological and life needs of Boston's single homeless people.

A pilot new model of urban case management service was undertaken for the Boston area. Boston is an area that represents a complex service system of both shelters and DMH catchment areas (13 major shelters and 6 separate DMH catchment areas). A six person Case Management Team was developed for Boston to serve the whole complex of shelter and DMH facilities.

Based on information gathered from the operation of the Boston Case Management Team, the decision was made to change some of the services offered by the DMH shelter for the mentally ill and its accompanying day program. The day program started out as a service based on the more traditional "day treatment" model; however, guests seem to respond better to a more flexible option of program approach, which include access to a Social Club and Pre-Voc program.

The DMH created a DMH Homelessness Committee, made up of the top layer of DMH management and representatives from key agencies in the community who advocated for the homeless from all spectrums. This began the process of undoing the likelyhood of future interagency planning "in a catagorical vacuum".

As will be discussed below, the comprehensive anti-homelessness legislation mandated the DMH to operate on a "Case Management Model" of service. This has meant a reallocation of personnel in some areas, and additional resources given to other areas are they work to create a continuity of care model of service delivery to the chronically mentally ill. Case management assumes attention to the food, cothing, and housing needs of clients.

On the following page in this report is a copy of the DMH Homeless Policy statement prepared by the DMH Area Director of the mental health agency in the Holyoke/Chicopee area of the state. This statement articulates the goals and objectives of the DMH effort to become engaged in the process of responding to homelessness, both on a one-to-one clinical level and at the level of prevention of homelessness. The complicated business of a "department of mental health" responding to what is in fact a social welfare problem, is addressed - without the simplistic conclusion that all homeless people should be re-institutionalized, or simply not be the concern of a department of mental health.

During the fiscal year of 1985 a very creative joint contract with EOCD was created by DMH. This contract, in the form of an RFP to the areas, identified a new model of housing referred to the Supportive Congregate Lodging House. The areas were asked to show how they would spend monies for this use, insuring that at least 60% of the clients were mentally ill, and 40% of the clients were from shelters for the homeless. 90+ permanent stable beds were created in this way, in different locations across the state.

Also during fiscal year '85, a series of "mini-grants" were made to some DMH areas for a staff person to serve as a liaison case manager to local shelters.

A contract was created with one of the six mental health centers in Boston (the Massachusetts Mental Health Center) to provide a 6 bed Homeless Diagnostic and Evaluation Unit to be referred to by the Boston Case Management Team. A related contract to the same center provides for a nights and weekend consultation service to city shelters, and for a series of lectures on psychotropic medicines to be given to shelter staff. Another contract provides for a DMH clinician to help in the re-settlement of indigent criminal addiction offenders, who often are forced into the Boston shelter system upon release.

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Department of Mental Health

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DEPARTMENT OF MENTAL HEALTH
HOLYOKE/CHICOPEE AREA OFFICE

POLICY PAPER

HOMELESSNESS AND THE MENTALLY ILL

Deinstitutionalization or the treatment of the mentally ill in the community is often cited as a cause of homelessness. This charge is simply not true in the Holyoke/Chicopee Area and probably not true in most places in the country. What is accurate is that mentally ill people are more vulnerable than most people to conditions that contribute to homelessness.

Homelessness is the lack of safe, decent, humane lodging which is affordable and available to individuals and families who, for whatever reasons, lack a place to stay for one or more nights. Homelessness is exasperated by a shortage of affordable housing, high unemployment and federal cutbacks in economic assistance and disability programs.

There are several groups of people such as the unemployed, elderly, battered women and children, alcoholics, adolescent runaways, and the mentally ill who make up the homeless population. Estimates of the number of homeless people in this area and in the state are generally unreliable and difficult to substantiate. However, it is clear to most social agencies that there are a number of people living from day to day who are at serious risk of finding themselves with insufficient monies for food, clothing, and shelter. Many of these people drift in and out of the population that we refer to as homeless.

Deinstitutionalized psychiatric patients or people with serious emotional problems make up a small portion of the homeless. The best estimate in the Holyoke/Chicopee Area is that 2 percent of the homeless population are people who may have been hospitalized. That population, however small in number, is too high. The Department of Mental Health in the Holyoke/Chicopee Area will do everything it can to reduce that number toward zero while providing emergency shelter for every former State Hospital patient who is homeless.

The Department of Mental Health has assumed responsibility for the homeless mentally ill in the following ways:

1. The Mt. Tom Institute is the Department of Mental Health's central intake or "front door" to the mental health system for all people who are at risk of state hospitalization as well as all former State Hospital patients. Every former State Hospital patient has a Mt. Tom service coordinator who is responsible for his or her care.

2. The Mt. Tom Institute will provide emergency shelter for all deinstitutionalized people from the Holyoke/Chicopee Area who need a home.

3. Crossroads, the Area Mental Health Center, and Valley Human Services are the Department of Mental Health agencies who provide on-going treatment. If one of their clients becomes homeless, their therapist will actively work with the client and other community agencies to locate suitable housing.

4. The Department of Mental Health, through the Mt. Tom Institute, will make available mental health consultation services to agencies working with the homeless.

5. Any homeless person in the area requiring emergency psychiatric care will be provided that service in a timely manner by the Mt. Tom Institute.

6. Any homeless person needing mental health out-patient services will receive those services in a timely manner through Crossroads, the Area Mental Health Center, or Valley Human Services.

7. The Department of Mental Health Holyoke/Chicopee Area office will participate in any community activities or committees dealing with the general problems of homelessness.

With housing vacancy rates below 2 percent in Holyoke and Chicopee, it is understandable why low income people have difficulty finding a place to live. A solution to the homelessness problem will only begin to emerge after more housing units are built. In the meantime, those people who are victims of a social and economic phenomena beyond their control should not be blamed for their condition. They need our support and compassion while we work to correct the problems that contribute to homelessness.

Finally, a decison was made to appoint their own DMH Coordinator of Homeless Services, who will a) work with sister agencies at the state Interagency Planning Team level on homelessness, b) address the issues raised by the Research Project, and c) work in a coordinating way with the 40 DMH catchment areas statewide as they actively participate in the Convener planning process.

DEPARMENT OF PUBLIC HEALTH (DPH)

The DPH is also involved in an investigative process of determining its proper role in addressing the problems of the homeless. Our DPH is the agency that includes Alcohol Abuse services. The DPH faces the same dilemma as the DMH; some think all the homeless are alcoholics and therefore they all should be sent to de-tox centers, or that alcoholism has nothing to do with homelessness and is is simply a housing issue - period. The DPH has been taking steps to work with other state agencies, as they gather information on the homeless, in order to plan possible join programming for psychiatrically disturbed sustance abusers (esp. alcohol abusers).

The DPH hospital, the Shattuck Hospital, mangages one of the city's three large shelters - between 50-100 beds. In the Spring of 1985 an innovative policy was started which would guarentee a homeles person his/her bed if he/she returned that night. This has revolutionized the social milieu of the shelter, building a social unit in which people can be worked with over resettlement, without having to deal with the daily unpredictability of a shelter bed.

EXECUTIVE OFFICE OF COMMUNITIES AND DEVELOPMENT (EOCD)

EOCD is the arm of government that is in charge of public housing. EOCD also has the role of planning and creating new housing. EOCD has been extremely creative in response to issues raised by the Governor's Advisory Board. It has created RFP's for innovative projects that will help homeless people, who not only need housing, but often need special forms of supportive housing.

EOCD funded a planning grant for a transitional housing program for families headed by women who needed social growth and development as well as formal job training skills. The length of stay for these families in transitional supportive housing may be from one to two years. (See Horizons in Feature for Boston.)

EOCD also funded a grant that paid for technical assistance from a non-profit to help develop Interfaith Shelters (see Feature in Quincy Convener Profile) which was responsible for the development of more than 100 new Greater Boston shelter beds during the winter of 1984-85.

In the summer of 1985 EOCD made major initiatives to work in partnership with human service agencies to reduce the increasing numbers of families utilizing hotels/motels on DPW vouchers:

EOCD is expanding a pilot program tested on Cape Cod by joining its 707 Rental Assistance certificates with DPW to move homeless families out of motels/hotels and shelters into permanent housing.

EOCD raised the maximum allowable rent for 707 certificates. This will expand the number of available housing units in the state to which these certificates can be applied.

EOCD issued new tenant selection regulations for all public housing and rental assistance programs which include homelessness as a criteria for consideration for emergency placement in public housing.

EOCD granted more of its new Housing Service Awards, which is a prevention programs which keeps people from being evicted by providing counseling and assistance to landlords and tenants.

EOCD and EOHS began an aggressive review of existing housing on state property that is either vacant or underutilized, with a goal to use those resources in place of hotels/motels.

For a complete description of the many innovative projects that EOCD has funded for the homeless, write to them at the office of the Secretary, 100 Cambridge St.- 14th floor, Boston, MA. 02202.

EOCD also manages the implementation of the Housing Bills, as described below in discussion of legislative change.

B) Change State Laws That Impact On Homelessness -

The Massachusetts State Legislature enacted five key laws which have had a dramatic effect on community ability to help the homeless.

The first such law was the nation's first comprehensive "anti-homelessness" legislation called "An Act to Prevent Homelessness". This bill was signed by Governor Dukakis in October 1983 and immediately effected thousands of homeless individuals and familes.
Its provisions are broad; seemingly disconnected, this law actually has strung together a series of corrections to disparate laws on the books that, in effect, had chained homeless people to the streets. These "Catch 22's" were corrected; the major areas affected were:

1. removed the need to have a "fixed address" in order to receive state entitlement benefits, such as Aid to Families with Dependant Families (AFDC), General Relief (GR), or Foodstamps,

2) restored Emergency Assistance (EA) eligibility for families (and later individuals) who were in a state of rental arrearage, as well as providing the monies neccessary to extend shelter benefits, and homeless payments for advance rent/security deposits/moving and emergency shelter payments,

3) mandated the Department of Mental Health (DMH) to function is a Case Management model of service, which means a person using DMH services is required to have a case manager who will attend to the food/shelter/clothing needs of a client as part of DMH services.

The second major bill which effected the dynamics of homelessness was called "An Act to Control Condominium Conversion". This act gave further legitimacy to the precedent established by some Massachsuetts towns, that it is the proper role of government to regulate the housing market in such a way that protects tenants from a threat to their survival.

The third important bill to counteract the increasing homelessness trends was the "A Comprehensive Housing Act" of 1984 which provided $194 million dollar bond authorization to create low and moderate housing. This has been followed by the "Comprehensive Housing Bill of 1985" which would provide over 300

million for public housing programs, (currently before the state legislature).

The fourth major legislation that was passed created a Medicaid benefit to accompany General Relief, such as AFDC included, so that indegent individuals will receive the health care they desperately need.

Results - Findings of Statewide Convener Survey

1. Dynamics of Massachusetts Homelessness

The cumulative histories of the 26 Convener areas revealed that Massachusetts has experienced, and continues to experience, the side effects of new settlement patterns resulting from the boom in knowledged based industries and their supporting service industries (banking, medical, etc.). This major change in real estate patterns has meant an unplanned for destabilizing displacement in formerly stable low income neighborhoods..

The major facts of history are that Massachusetts was the first state in the nation to industrialize in the 1830's. Then we were the first state in the nation to experience the economic depression induced by textile and shoe industries moving South in the 1950's. We were also one of the first states to receive massive amounts of Urban Renewl to revitalize our decaying industrial cities in the 1960's. The success of Urban Renewal ticked off a speculative housing market in inner cities, which featured gentrification of SRO's and the spurt of a whole new vital industry in Massachusetts - real estate development.

What were formerly strictly working class neighborhoods surrounding the mills (Waltham, Lowell, Lawrence, Lynn, Fall River, New Bedford, etc.) are now neighborhoods marked by an infusion of Young Urban Professionals who are simply doing the most sense making thing by buying and renovating old mill town housing. The affluent surburban ring surrounding our big cities is simply out of the price range of young people, and the rather stultifying (to the 1960's generation) social patterns of surburbia do not meet the social needs of the new class of delayed marriage professionals.

Also influencing new urban settlement patterns has been the development of two major belt-ways around Boston, intersecting with the west bound turnpike. These belt-ways, for reasons of economic convenience have become the home of the high tech industry. Route 128, a 10 miles away from Boston road that circles Boston, has become a virtual high tech corridor; the present development started in the 1930's in Waltham (see Waltham profile). The second (outer) computer corridor was built in the 1970's, known as Route 495; it now is home to more than 900 high tech industries.

The single most effected group who are displaced by this phenomenon are the persons attached to the lowest income level in Massachusetts; that is, AFDC families. Most of these families are single parent heads of household; although in areas where the escalating cost of housing is increasing at the fastest rate, there are many two parent heads of household not on AFDC who are subject to homelessness.

H o w e v er, spiraling real estate costs patterns are not the fundamental originating dynamic of Massachusetts homelessness; they have more to do with its revelation and its devastating intensified continuation than its creation.

Homelessness is, in fact, a reflection of the death of the home itself. "Home" is a social structure and an economic structure. The effect of the feminization of labor (since the industrial revolution), combined with western society's increasing mobility - has radically altered the fundamental of the "family" itself, and the nature of what a "home base" is. As the neighborhood and extended family have been depleted, the capacity of our whole society has been diminished to notice just who is suffering "on your block". This has weakened political expression of the losses the "home" has experienced.

At all levels of our society, "home" has come less and less to mean a particular place; rather, it has come to mean an association cluster of interpersonal relationships, many sustained by phone and plane. This "placelessness" has profoundly affected the lives of modern individuals who can not afford to maintain that expensive network of support. For the non-affluent, social supports and survival have beocme a commodity that simply can't be bought.

The homelessness of the 1970's, made apparent by the sudden collapse of inner city SRO housing, was more than the already unacceptable injustice of simple displacement to the streets. The histories of the men and homeless women using the Boston shelters-for-singles in 1984 revealed disconnected people, who had been disconnected for some time prior to their physical displacement from SRO housing. Read from "More Than Shelter" (United Community Planning Corporation and Massachusetts Association of Mental Health joint study on Boston homelessness, by Paul McGerigle and Alison Lauriat respectively, - 87 Kilby St. Boston, 02109 - $15.00), the section Dr. Ellen Bassuk of Harvard Medical School wrote about the 100 people her team interviewed in one typical large Boston shelter:

> "Even more remarkable was our finding that 74% had no family supports and 73% had no friends to provide support. Forty percent of the total shelter sample claimed they had no relationship with anyone -- not even a social agency, staff member, or shelter friend. The deinstitutionalized group were even more disconnected: over 90% had no support from friends or family."

A 1985 recent early presentation of the study "The Feminization of Homelessness" (by the same Dr. Ellen Bassuk and Alison Lauriat, 20 Randolph Rd., Chestnut Hill, MA 02167) it was noted that, in the Boston shelters and motels where homeless families are staying (the great majority single mothers), the mothers are, in fact, daughters of "homeless mothers" themsleves. Not "homeless mothers" as in "living in cars", but "homeless mothers" meaning a life time of movement (usually within the same city or region) from place to place with no supportive family, no neighborhood, no place to call home.

During the 1980's recession, many socially connnected people were forced into shelters as a result of unemployment and the housing crunch. However, in Massachusetts, with the markedly improved unemployment rate and aggressive anti-homelessness measures in place, the population of who is using shelter for singles has seen a marked drop in simple homelessness. The evidence for this is in the collective observations reported by the Conveners in the sections called "Statistics" in PART III, the Convener Profiles.

This report does not presume to describe the fundamental dynamics of homelessness in other states, which may or may not be generated by the same factors creating Massachusetts homelessness. However, our Conveners all reported the same mix of factors as causes of their area's homelessness - namely, changed configuration of social bonding patterns over time in conjunction with economic and housing shortage factors. A reading of the double volume 1983 Congressional Hearings on Homelessness does reveal that all three of those dynamics are present in varying degrees, however, in the majority of the reporting states.

The significance of these findings in Massachusetts are that if homelessness is driven as much by social changes as it is by housing shortages and unemployment, this means that intervention on the "homeless process", not only means attending to the poverty/housing factors which area overwhelming enough, but also

attending to the fundamental human psycho-social-spiritual issues of familyhood and community itself. Each Convener area asked for help in the area of social supports for their homeless people.

Changing Statistics on Homelessness

A summary of the Convener survey on statistics of Massachusetts homelessness indicate that the incidence of Single (individual) homelessness appears to be decreasing. It is not clear exactly why this is so because of the lack of elaborate enough data gathering mechanisms, but Conveners speculate that "catching mechanisms" to prevent single homeless people from entering the chronic shelter system are working more effectively. That is to say the following factors seem to be working together to intervene on the spiraling number of singles homelessness as it existed prior to the new administration: the availability of GR, the improved unemployment rates, the improved case mangement of the DMH, measures taken to create socially supportive housing for some chronic street people.

The numbers of single homeless individuals is estimated by the Conveners, the best they were able to in each section of the Profiles of each Convener (PART III of this report). VERY loosely estimated figures when averaged together give a total figure of some 5,000 - 7,000+ of homeless individuals statewide at any one time (Boston 2,000, Worcester 1,000, Springfield 1,000 - smaller cities 30-100).

The incidence of family homelessness is increasing in all areas of the state, reports virtually every Convener. The reasons for this were discussed in the above section. Since the capcity of the communites to shelter and support homeless families has increased, also, in every Convener Area, this is of grave importance as we work on new responses to family homelessness.

The numbers of homeless families at any one time can only be speciously be captured by re-iterating that there are about 30 some family shelters in the state housing from 4-16 families each, and there are 400-500 homeless families in motels/hotels - according to DPW figures.

3. Summary of Components of Comprehensive Resource Network

SHELTER

Massachusetts homeless families are able to be sheltered - either in one of the new 23 DPW partnership shelters, privately funded only shelters, or by means of use of a DPW motel/hotel voucher.

There are not enough shelter beds for the Single Homeless in Massachsuetts, although the capacity has greatly expanded (400%). The multi-problem complex homeless person's needs are one of the most difficult to address, both because society does not hold these individuals in high regard, but also because it is so very difficult to effectively engage these often withdrawn/sometimes hostile people who have suffered from chronic social deprivation as well as the brutality of abject poverty. They are blamed for their withdrawl/hostility which is actually the result of society withdrawing from, and being hostile to, them. For these reasons, some shelters set up to serve homeless people are unable to attract people to them. Outreach efforts such as the Boston Ministry to the Homeless, the Boston Lunch Place for Women, or the Boston Franciscan Drop-In/Advocacy Center are prerequisites to building trusting relationships again in which a chronically homeless person will trust a place enough to come in from what may serve to be an isolated, but "safe" street hideout. At any rate, personal or societal reasons as there may be, there is not adequate year round shelter for homeless individuals in our state.

SERVICES

<u>Services to homeless families have dramatically improved,</u> especially DPW services. However, homeless families need a comprehensive support system of services that includes Day Care and on going social supports (as in a neighborhood Family Center) which are not yet programmatic realities, report the Conveners.

Services to the Single homeless have not only expanded, but new and successful models of social support intervention have been made (see Quincy, Boston Drop-In Advocacy Center, DMH/EOCD contract for supportive congregate lodging house). The major service not present for individual homeless is places that accept and care for the dual condition of alcoholic and mentally disabled persons. About 20 Conveners need service models for the multi-problem singles, as reported by Convener areas, even though the numbers may average a relatively small number of 20-30 per smaller city.

HOUSING

Affordable housing, as reported by every Convener, is inadequate in every area of the state. Measures taken to improve the housing stock have not been able to keep up with measures taken to decrease the housing stock. Each Convener area reported that the termination of the federal commitment to build public housing has been socially and economically devastating to low income families. (Figure 4.)

PLANNING

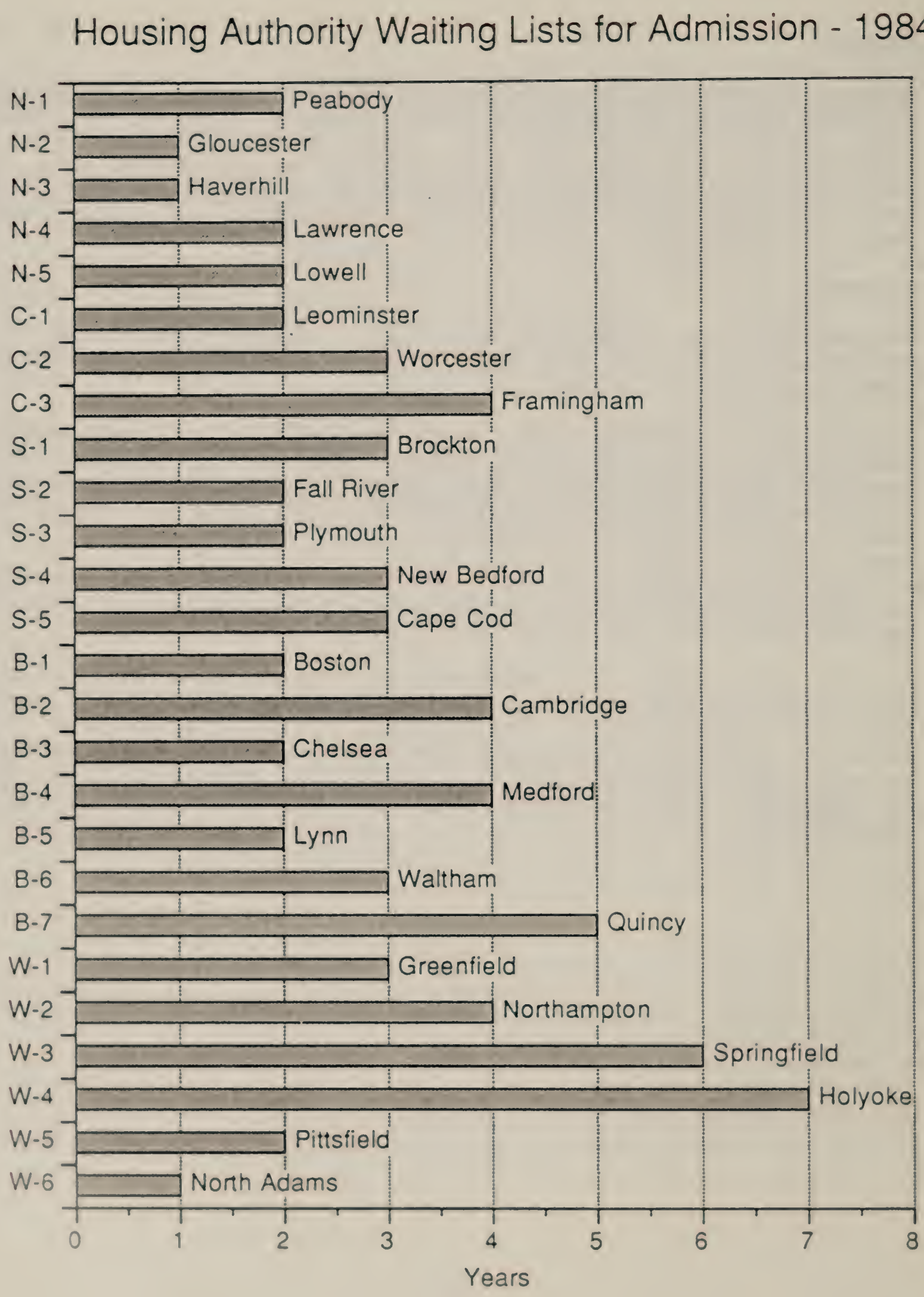
The ability to intelligently plan about homelessness in Massachusetts is the outstanding accomplishment of the Dukakis administration.

Coming into office, the adminisitration had no credible information on the dimensions and characteristics of Massachusetts homelessness. Now Massachusetts is the only state in the nation that has accomplished the Step One Planning Proces that is a prerequisite to informed policy making.

Initially reluctant to trust the state governemnt's commitment to the homeless, now communities are seeking a stronger relationship with the state Interagency Planning Team.

All the areas asked for technical assistance in proceeding with more sophisticated models of care, and strategies for increasing the local housing stock. The bigger cities, in particular, have asked for monies for long term planning, as a cost saving measure to help them accomplish the most for every investment in new ways to restore their homeless citizens to membership in their communities.

Fig. 4 Public Housing Availability



PART II - WHERE ARE WE GOING?

The Role of the State

Massachusetts has expressed in action an expanded, but limited, role of the state as it addresses the issue of homelessness. The dilemma for our modern state has been how to unleash the capacity of our society to be able to respect the dignity of the members of it. On the one hand, the civil rights of individuals must be protected; on the other hand, modern life demands that the conditions of living be optimally organized in such a way that human lives can be nurtured and supported, so that they may mature to take their place as full free members of that society. Sometimes there is a conflict of intent between these two notions, particularly so in deciding to what extent and how the state should intervene in homeless peoples' lives to try to help them. Not to interfere is neglect. This document has reported the ways in which Massachusetts has tried to recognize the state's complex role of protector of life, both the privacy and freedom of lives, but also protect the need to take direct interventions on behalf of people's lives (setting up shelters with rules and regulations in them, etc.).

The Massachusueutts way of enabling its society has been to take a position of strong moral leadership, and to change the policies and practices of the state's care taking machinery to include both undomiciled people and vulnerable people on the brink of the disaster of homelessness. It has also created legislation to generate more housing, and increases in benefits to families and individuals dependent upon the state for sustinence, and health care.

Most of the work of the state has been the "back door" unnoticed work of coordinating and nurturing its partnership relationship with community non-profit organizations who have taken on the primary responsibility to provide shelter for those in dire straits. The state has worked very closely with advocacy groups who speak out for those who are homeless - including them in the basic planning to assist homeless people from the beginning days of involvement to current state planning. The naturally adversarial relationship between establishment and advocacy has been respected; however, each has accepted the fact they need

each other in order to serve the basic human needs of those without.

The Conveners reported satisfaction with the direction that the state has taken as leader, interpolator, and resource base. Those in the field feel that Massachusetts has charted the "right course". A summing up of the findings of this study is that the providers of service feel that locally based planning is the key to the success of their ability to strengthen the web of support they have been building in each community, but they feel the need for even more resources to continue the work they area doing which is being driven by the expanding housing crisis itself.

In other words, by implementing the new state policy of Communitization of the Homeless, Massachsusetts has acknowledged that homelessness is <u>not</u> simply "a social problem for the non-profits", but has acknowledged that it also is not simply a social phenomenon that can be legislated about and sent to the bureaucrats for "management" either.

The Conveners expressed clearly that they want homelessness to continue to be dealt with as a community issue, but articulated that the amount and type of housing needed was beyond their scope to even begin to address. The housing crisis dominates and limits the communities' ability to respond to homelessness. This puts a greater and greater pressure on communities to plan and implement shelter bases - a cycle that cannot be sustained.

Massachusetts, and her sister states, cannot deal alone with homelessness either. Even as the leading state in responding to homelessness, Massachusetts' fundamental responsibility to provide housing for its citizens is dependent upon policies and resource allocation of the Federal government.

The Role of the Federal Government

It is at the Federal level that national leadership is required that can focus a national consciousness on homelessness. As happened in Maasachusetts, articulation of the call to include the homeless as citizens is the critical prerequisite step to unlocking the helping machinery of government already in place that is now frozen.

The histories of each of the 26 city/regions of our state demonstrate that the simplistic notion that a booming economy will naturally benefits all the inhabitants in the state with the

strong economy is a fallacious one. In Massachusetts, it is the very "boom" itself of the post-industrial economic base that has the unwanted side effect of creating a housing crisis. The answer is not to advocate for a return to the 1950's; the answer is for federal policy makers to acknowledge the complexities of the interacting forces operating in Massachusetts and take steps that help us increase our housing stock in ways that are supportive of family and community life. This is not easy, but this must be done. We are in "new times", where old approaches are not only irrelevant, but are a part of the problem that is destroying community life.

Federal housing policies must be reversed. We must be able to plan a contemporary world that meets the basic needs of all its citizens. Housing is a prerequisite to community, which is a prerequisite to becoming a human being who can become a participating citizen to perpare for future generations.

Family life is the building block of our society as we have evolved. We cannot continue to pull away the threads that make up our social fabric, one by one, unconscious of the fact that this is what is destroying family life, and with it an infant's right to be protected and loved. We in the states need a national leadership focus on Familyhood and Community in the context of decisions made about poverty and housing.

The threads of the fabric of our modern society that have been pulled away, and must be restored are :

1. federal cuts in legal services to the poor,

2. federal cut backs in AFDC, which is the only source of income for most homeless families,

3. and federal cuts in the anti-poverty agencies' budgets by the shrinking of Federal Block Grants, which are the infrastructure of delivery of life supportive services to the poor, and as such are the backbone of the Massachusetts program of communitzation of the homeless.

Although the Federal Government has allocated millions in federal emergency monies (FEMA) to anti-homeless efforts, that "shotgun" approach is not predictable or systematic and therefore looses most of its intended effectiveness. The states need a national administrative Office of Homeless Affairs, which has authority to coordinate the Human Services and Housing arms of government in the interests of homeless people. As it is now, with no central coordinated infrastructure at the national level of

goverment, the states are significantly retarded in their own efforts to address homelessness.

Massachusetts has come long way to begin the meet the needs of the homeless; however, it is paralyzed in its efforts to truly address the dynamics of homelessness. A comprehensive Federal planning process must begin, so that our executive, legislative, and judicial arms of government may act to enable the state's to rebuild community life.

Role of the Community

By itself the community cannot construct a resource network that can lift and support isolated people off the street, but the state and federal government cannot do that without the community.

Mayor Richard Neal's Task Force on Homelessness (Springfield) articulated the role of the community in addressing homelessness:

> " WE HAVE AN OBLIGATION TO BOTH THE NEEDY POPULATION AND THE COMMUNITY AT LARGE. IF WE ARE TO CONTINUE TO HAVE A VIBRANT, GROWING, AND ECONOMICALLY STABLE CITY, WE MUST MEET OUR SOCIAL RESPONSIBILITIES IN SAFEGUARDING THE RIGHTS OF ALL OF ITS CITIZENS. WHETHER IT BE THE HEALTHY, EMPLOYED, TAX PAYING PUBLIC, DEPENDENT CHILDREN, OR VICTIMS OF UNEMPLOYMENT, ABUSE, ILLNESS, OR OTHER MISFORTUNE - WE ARE ALL ENTITLED TO OUR CITIZEN-RIGHTS. AND BY PROTECTING THE RIGHTS OF THE NEEDY, WE ARE, IN TURN, IMPROVING THE QUALITY OF LIFE WITHIN THE COMMUNITY AS A WHOLE."

People who seek to become involved in the process of undoing homelessness are invited to contact their local Convener and ask how they or their organization can support efforts at the local level. Community members or organizations who seek to join the very effective advocacy movement for the homeless can contact the central office of the Massachusetts Coalition for the Homeless (617-523-6400)

Role of the Private Sector

The Communitization of the Homeless program has been designed so that there are two clear ways that the private sector (business or foundations) can be involved.

1. The Fund for the Homeless (34 1/2 Beacon Street, Boston, MA 02108) is a private non-profit foundation that was founded for the purpose of seeking and receiving funds to help the Massachsuetts homeless. It has solictited major businesses in Massachusetss, and recieved over one million dollars in contributions. The Fund disperses the funds to community organizations across the state who have asked for their help and who have been assessed by the highly informed Funding Allocation Committee. The Fund's Board of Directors is made up of a distinguished group of foundations leaders, of key members of the Governor's Advisory Board on Homelessness, and key members of the agencies in government which operate to serve the homeless. In this way, a given business can know that their contribution is going where it is needed, and to groups who have the expertise to spend the dollars wisely.

2. A second way that a private sector organization can contribute to the process of communitization of the homeless is to turn to the pages of the Convener Profile that features your region, and notice the asterisks which mark projects that are seeking funding. Contact the Convener, and determine which project may interest your organization to which to make a contribution in money or in personal time.Since this report has been written, many new projects do exist which are not listed. Please do become involved in your community Convener Plan, as they were the source of information for this report.

PART III

CONVENER PROFILES

PART III - CONVENER PROFILES

NORTHEAST MASSACHUSETTS

N-1 Peabody/Beverly/Salem
N-2 Gloucester Area
N-3 Haverill Area
N-4 Lawrence Area
N-5 Lowell Area

SOUTHEAST MASSACHUSETTS

S-1a Brockton Area
S-1b Attelboro Area
S-2 Fall River Area
S-3 Plymouth Area
S-4 New Bedford Area
S-5 Cape Cod Area

CENTRAL MASSACHUSETTS

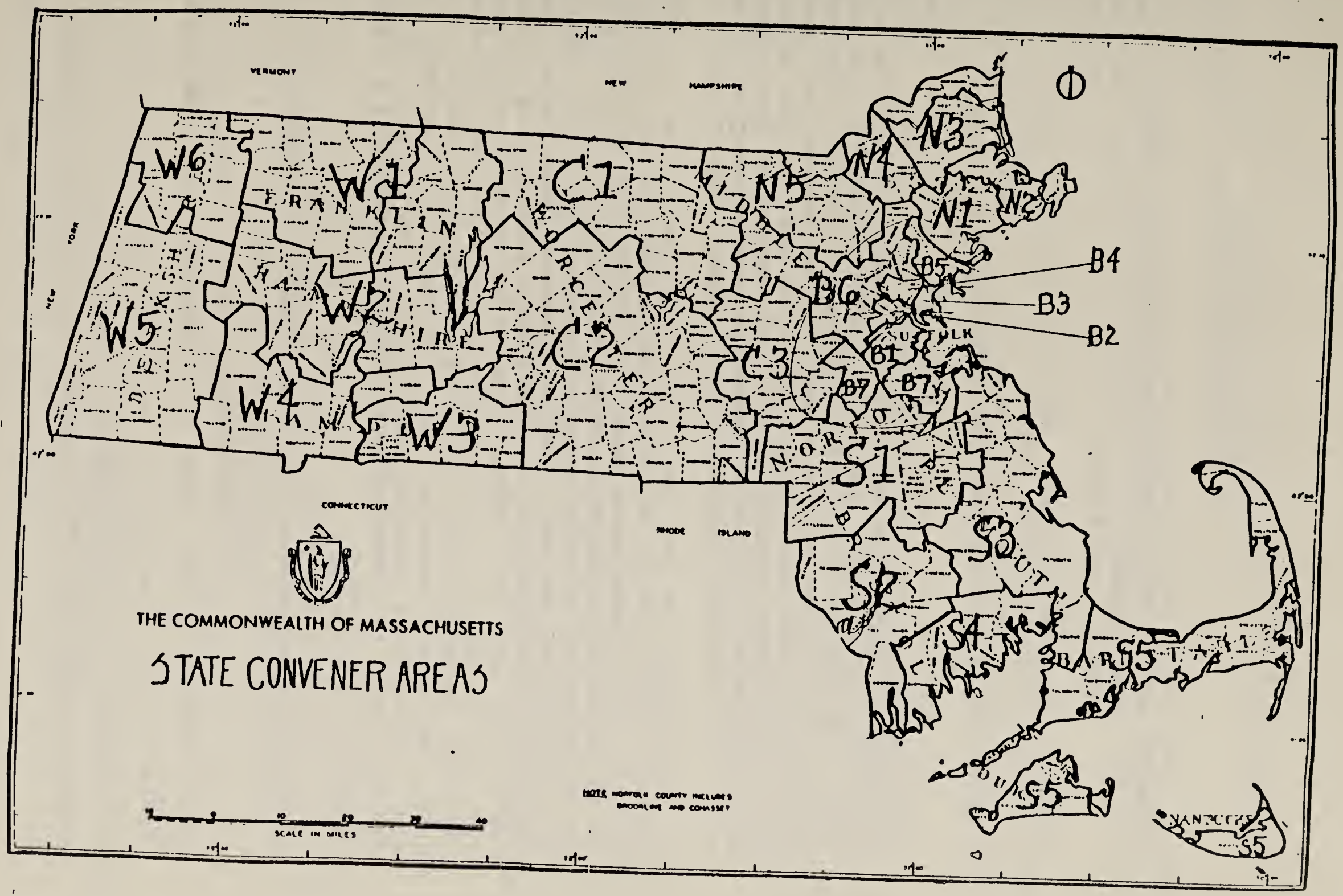
C-1 Fitchberg/Leominster
C-2 Worcester Area/Blackstone Valley Area
C-3 Framingham Area

GREATER BOSTON AREA

B-1 Boston
B-2 Cambridge and Sommerville
B-3 Chelsea/Revere/Winthrop
B-4 Medford/Malden/Everett
B-5 Lynn Area
B-6 Waltham Area
B-7 Quincy Area

WESTERN MASSACHUSETTS

W-1 Franklin County (Greenfield Area)
W-2 Hampshire County (Northampton Area)
W-3 Springfield Area
W-4 Holyoke/Chicopee Area
W-5 Southern and Central Berkshire County (Pittsfield Area)
W-6 Northern Berkshire County (North Adams Area)


VERMONT
NEW HAMPSHIRE
CONNECTICUT
RHODE ISLAND
W6
W1
W5
W2
W4
W3
C1
C2
C3
N5
N4
N3
N2
N1
B4
B3
B2
B6
B5
B1
B7
B7
S1
S2
S3
S4
S5
S5
S5
THE COMMONWEALTH OF MASSACHUSETTS
STATE CONVENER AREAS
SCALE IN MILES

NORTHEAST N-1

PEABODY/BEVERLY/SALEM

CONVENER: NORTH SHORE COMMUNITY ACTION PROJECT (NSCAP)
Main Street
Peabody, MA 01960

CONTACT: Elizabeth Donovan, Executive Director, NSCAP
617-531-0767

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

The Beverly-Salem Puritan settlement area early on became a major international port, featuring trade with China. It would have continued on that track had not the Erie Canal been built and given that future to New York City's fine harbor. Instead, one hundred years later, Peabody-Beverly-Salem became an industrialized center when the craft of tanning became a major leather processing industry; also, cotton mills were built harnessing water power in the area. Both the shoe and textile industry receded at the end of World War II due to the competitive production costs in the South, (an industry there which has now given up that base to overseas competition).

The development of the North Shore Shopping Center in the seventies was the outward sign that this area had in fact moved "closer to Boston". This area, once seeming far away from Boston, was beginning to be valued as a bedroom community for Boston; it attracted those who worked along the new Technology Highway (Rt. 128), that started to belt Boston in the late 1950's. Federal Urban Redevelopment money supported the new Peabody Wharf Waterfront development. The combination effect of those above factors has sharply increased the price of housing. Condominium conversion has transformed once plentiful rooming houses into an almost extinct form of housing. The July 1984 Beverly rooming house fire made that apparent. Continuing and intensifying escalation of rental housing is displacing the families with the least income, which are the single parent head of household AFDC family.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER

80% Families

AFDC recipient single heads of household; usually midteens to early 20's.

20% Singles

Estmated there to be <50> singles. 3/4 are multi-problem.

CONVENER PLAN TO INTEGRATE THE HOMELESS:

While DPW and FEMA funds were available for the first part of this Convener's three part advocacy/service network, they were able to operate a very comprehensive program that both prevented homelessness and stabilized those who actually were homeless.

Part 1 -
The CAP case managed a rent arrearage program, and case managed a motel voucher project to assist evicted families while they stayed within the boundaries of the community (see FEATURE below), on DPW and FEMA monies.

Part II -
The Salem Clergymen Association sponsored a small emrgency shelter in a church, the Crombie Street Shelter, that accepted all three cities' street people. A day program has been conceived that will operate a Self Help Day Center model. However, now that the group has seen exactly the needs of their street population, they are seeking an additional funding package from DMH/DPH for a specialized stability program for the chronically homeless. The CAP director serves on the Board of this project, facilitating coordinated planning.

Part III -
An organized advocacy project is acting to impact the housing market in each community by a) working to pass an effective anti-condominium conversion law, b) working with the Housing Authority to argue for HUD monies by providing accurate data on all facets of regional homelessness, c) seeking more Section 8 Housing Certificates, and d) networking with local landlords to gain their confidence and cooperation by acting as reliable advocates for their homeless clients.

RESOURCE NETWORK:

HAWC - A 20 bed battered women's shelter.

CROMBIE STREET SHELTER - with a Soup Kitchen that is open 4 days a week; temporarily in a church. North Shore Shelter Coalition plans to buy a house and start full time day/night program. May include families.Satisfactory site is the current problem.

DPW ALTERNATIVE SHELTER PROGRAM - for 6 months funded families in motels,hotels.

Federal 6 month FEMA funds used to supplement above programs.

Use of 7 day a week Lynn Soup Kitchen called MY BROTHER'S TABLE, until local nightly Soup Kitchen can be supported.

RAP - hotline and 15 bed teen shelter.

IN-BETWEEN - A new family shelter in Salem, serving the overflow from voucher/motel system for homeless famililes, funded by EA funds through DPW.

GAPS IN RESOURCE NETWORK:

1. Integrated alcohol and mental health service network for chronically homeless.

2. Site to act as "home base" for single multi-problem homeless, so that DMH and DPW system can assist multi-problem homeless.

OUTSTANDING FEATURE TO SHARE

"Nth Degree Communitization Without a Regional Shelter"

The towns of Beverly, Salem, and Peabody were historically founded because of deep theological factions among the Puritans as to whether God, King, or Congregations should decide things. To this day there exists strong differential city identities among the citizens of each area. The six month availablility of alternative shelter money (from DPW and FEMA - see above) reinforced the Convener's decision that the most effective way to serve the homeless families was by not by regionalizing a shelter base, but by meeting the needs of the homeless families in their community of meaningful tie. They were able to conduct a program that, in effect, was the highest form of communitization of the homeless. The CAP carried out aggressive case mangement with homeless families in motels from their main area office which serves Peabody, and two satellite offices which serve Beverly and Salem repectively.

On a case by case basis, each family in need of help was evaluated and worked with; a variety of services were applied to them within the range of CAP resources (i.e. - fuel assitance, Federal cheese give away programs, legal services, rental assistance, budgeting help, etc.). In each case, a contract was made with the family to work together to stay in their housing or to stay in a motel while the CAP found them new housing. The CAP case mangaged any motel families back into housing within a two week period (usually one week). In this way, families were kept in their community school system, day centers, and among any helping neighbors in the community network they may have been part of. The social side effects of eviction were markedly reduced in this way.

Because the rate of family homelessness increased faster than the CAP system could serve them, it finally was necessary to establish a family shelter to serve all three regions, to supplement the CAP's work, as described above (see Resource Network - IN-BETWEEN).

NORTHEAST N-2

GLOUCESTER AREA

CONVENER: CAPE ANN COALITION FOR THE HOMELESS
Action, Inc.
24 Elm Street
Gloucester, MA 01903

CONTACT Peter Anastas, Executive Director - Action, Inc.
617-283-7874

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Gloucester is a sea port, once a great international seaport, until trade was curtailed by the British during revolutionary times. Cape Ann, known as the "granite peninsula", industrialized around mining granite for commercial use. As the use for granite changed (synthetic competitors), that local industry faded; fishing and the related glue industry remained. In the 1940's, foreign fishing market captured almost all their markets. A serious unemployment problem developed in the 1950's, and has remained until quite recently.

The Industrial Park, developed nearby in the 1960`s, brought information processing industries to the area. 1970`s brought the fishing industry back with the re-instatement of the 200 mile limit; however, that work is seasonal. Gloucester's picturesque qualities, proximity to the Rt. 128 Boston belt-way, and the rising cost of Boston area housing, have made Gloucester increasingly desirable as a Boston bedroom community. The area is currently being developed for upscale housing.

Inhabitants of Gloucester are fiercely insular. The actual geographic cut (in some places only a few inches wide) that separates it from the mainland is seeminly insignificant to the outsider, but symbolically very significant to the community of Gloucester, as attested to by its indigenous poet Charles Olson in his piece celebrating the separateness and inwardness of Gloucester. This community identification has been both the downfall of the homeless fate of many of its hard core unemployed who desperately cling to what is left of their home for them; but also, this close knit insular indentity has been the operational key to the most comprehensive " communitization of the homeless" planning and programming in the state..

Seasonal unemployment insures a steady stream of homeless single men. Increasingly, displaced families are becoming homeless from the increasing rate of gentrification. The price of housing has doubled in four years; therefore, families with the least income are the ones who are falling behind in rent and face eviction - the AFDC single head of household family.

(CON'D NORTHEAST N-2 - GLOUCESTER AREA)

STATISTICAL INCIDENCE OF HOMELESSNESS AS REPORTED BY CONVENER:

60% Families

Non-payment of rent issue. Particularly adolescent AFDC mothers who act out pregnancy to accomplish independence in small town, a syndrome the Coalition Director has noticed to be a powerful one.

40% Singles

Dual condition of alcoholism and emotionally disturbed syndromes.

CONVENER PLAN TO INTEGRATE HOMELESS:

Community efforts to address the needs of homeless people of Cape Ann began as long as four years ago when local administrators of state human services programs tried in vain to accomplish state-aided funding for a community center/shelter that could address the survival and emotional needs of the multi-problem single homeless of the area. The resistance encountered forged a strong coalition of community leaders and human service representatives. When the Dukakis Convener process began in 1983 this already tightly knit planning group was able to immediately publish a thorough needs assesment study of its homeless population, the first of its caliber in the nation. Careful planning, based on that study, resulted in a comprehensive project that is about to come into being which is partnership funded by a unique cluster of state agencies and private sector resources.

The only gap in this plan is the timing of aggrandizing the funding which can serve as start up costs. When the project is in place it will serve as a matuare service example of how individualized service can be deliverd to the different types of homeless people in Gloucester, supported by a full array of local human services provided by already in place state bureaucracies.

RESOURCE NETWORK:

* CAPE ANN SOCIAL SERVICE CENTER - multi-service center to both homeless and residents in need. (See below Feature).

WELLSPRING HOUSE - family shelter, serves 6-8 families.

FOOD BANK - serves entire community.

ALTERNATIVE SHELTER - DPW Motel vouchers/ case management program. (Seek annualization of funding cycle).

PLANNED DMH SUPPORTIVE PERMANENT HOUSING for chroncially homeless who need permanent supportive living.

GAPS IN RESOURCE NETWORK:

1. Funding as described for above projects. No planning gaps.

OUTSTANDING FEATURE TO SHARE

"What a Well Integrated Resource System Can Create"

Under the leadership of the Mass. Department of Mental Health (Jim Peters) and the Mass. Department of Social Services (Melvin Montiero) acting in concert with Wellspring House and the regional anti-poverty community action project (Action, Inc.), the Cape Ann Coalition for the Homeless drew up plans for a Social Service Center which would be housed in what once was the city's Poor House. Already zoned, this unique adaptive reuse of that facility was warmly supported by the town. The Gloucester Housing Authority and a non-profit called NUVA,Inc., affiliated and filed an application for state funds to develop this housing under Chapter 689 of the Mass. General Laws. That application, jointly funded by EOCD and the private sector, stipulated that the state of Massachusetts would buy and renovate the property through the local housing authority, and the state will fund operations of the programs within the building through NUVA. The Social Service Center will provide food and lodging, educational and vocational services, individual and group counseling, recreational and cultural activities for 18 years of age and older who are homeless, unemployed, and/or without parental guidence. This project will be complemented by plans to develop DMH supportive permanent housing for those appropriate homeless persons who choose that option and for formal clients of the DMH system. Wellspring House will act as a family annex, complemented by alternative shelter options managed by the CAP agency. Full project description - write Convener.

HAVERILL AREA

CONVENER: COMMUNITY ACTION, INC.
25 Locust St
Haverill, MA 01830

CONTACT: John Cuneo, Assistant Director
617-373-1971

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

When asked what was the problem causing Haverill Area homelessness, the answer the Convener gave was,"The problem with Haverill is that it didn't have a problem!". Once the self proclaimed "shoe center of the world", Haverill suffered as did all cities in Northeastern Massachusetts, from a post industrial decline in favor of Southern USA cheaper production costs. As the Convener puts it, "Fifteen years ago you couldn't give property away". However, Haverill never sunk as low as its twin sisters Lawrence and Lowell; and it has been making steady upward growth since the thirties.".

Two years ago slow cumulative changes suddenly added up to a "new" Haverill image. Its closeness to Rt. 495, Rt. 128 - the Boston outer belts - as well as its new traveling closeness to Boston itself, suddenly made Haverill the fastest growing new Boston bedroom community. 2 bedroom apartment rents jumped the last two years $175-200/mo with heat to $400-500/mo without heat. This followed the unexpected event of Haverill being listed in a national book as one of the most desirable cities in which to live - low crime, clean air, affordable housing, pleasant countryside, no parking problems.

In pre-Revolutionary days the three communities of the Haverill Area - Amesbury/Salisbury, Newburyport, and Haverill - were each developed by Puritans unhappy with each other's religious dogma. To this day, they see themselves as totally distinct cities only connected by their prorximity on the Merrimack River. Newburyport is like the Cape in the summer, tourism being its main business; waterfront development is booming, however, for full time upscale housing year round. In Amesbury there is only one major SRO left. In Haverill the big old Whittier Hotel (SRO) has just been replaced by a plush restaurant. All three communities have become extensions of Boston, with rents jumping by the month.

STATISTICAL HOMELESS INCIDENCE ACCORDING TO CONVENER:

80% Families

"Evictions - can't pay rent."

20% Singles

Estimated 50 to 75 individuals. Of total 20% - 5% elderly displaced, 5% transients looking for work, 10% de-institutionalized from Danvers state hospital who were livng in SRO housing, now gentrified. Heavy use of alcohol noted among singles.

CONVENER PLAN TO INTEGRATE HOMELESS:

After utilizing one 6 month season of DPW Alternative Shelter funds, the only-recently-formed-working-Convener group has decided three things are essential to begin the effort of seriously addressing the needs of the homeless in this woefully underserved area:

1.* Need a grant to pay for Exloratory Planning, with resources for technical assistance to evaluate shelter alternatives and costs to CAP.

2. CAP needs resources to casemanage EA monies.

3. Needs Interagency Task Force (DPW,DMH,DPH,DSS,EOCD) to combine with Convener Process and begin attention to chronically homeless street people, now sleeping under bridges and in dumpsters.

An important characteristic of this area for planners to notice is that there is no public transportation system between the three communities.

RESOURCE NETWORK:

In Haverill - BATTERED WOMEN'S SAFE HOME NETWORK
YMCA (see below feature)
FOOD PANTRY
COUNCIL OF CHURCHES - Monday meals
SCATTERED SITE SHELTER WITH DPW/FEMA VOUCHERS - case mangement by Salvation Army, 6 months.

In Amesbury/Salisbury - FOOD BANK
SCATTERED SITE SHELTER - DPW/FEMA MOTEL VOUCHERS

In Newburyport - SAFE HOME NETWORK FOR BATTERED WOMEN
SCATTERED SITE SHELTER - FEMA/DPW MOTEL VOUCHERS

GAPS IN RESOURCE NETWORK:

1. Engagement and placement milieu for singles.
2. Annualized funding to stabilize and place homeless families.
3. Technical Assistance for above process.

OUTSTANDING FEATURE TO SHARE:

"Creative Cost Effective Use of Alternative Shelter Money"

A local YMCA entered into a relationship with the CAP whereby on a "case by case" basis, for $45.00/wk, YMCA put up screened homeless singles. Each person had a key to front door and a key to his room.

GREATER LAWRENCE AREA

CONVENER: GREATER LAWRENCE COMMUNITY ACTION COUNCIL (GLCAC)
350 Essex Street
Lawrence, MA 01840

CONTACT: Chic LoPiano, Executive Director, GLCAC
617-687-0981

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Lawrence was one of the largest mill towns in the country. It made woolens until the 1950's when that industry went South. The city was planned by industrial entrepreneurs; the company built row housing for the labor force, as it did in Waltham and Lowell. Cheap labor was encouraged to emmigrate directly to Lawrence from other countries. A stream of immigrants arrived - first Italians, then Middle Easterners, Irish, Hispanics, Asians, Vietnamese, Cambodians, Polish refugees, Puerto Ricans and then Dominicans. Lawrence's proximity to the Boston Outer Belt (Rt. 495) has made it very attractive to the in-coming Massachusetts knowledged based industries. The effect of this latest immigration, which has the capacity to economically displace the older immigrants, has been different than the simple displacement from SRO housing that occured in Boston when gentrification set in. The older immigrant group is highly socially bonded, which has meant a housing crisis of doubling and tripling up to prevent homelessness. However, this has caused an explosive social tension - the price paid for a "low" count of family homelessness.

There are many "white-anglos" who are split off from families, no longer part of the extended familiy tradition; they make up the bulk of the chronic single homeless population. Families who do become homeless are those who are most vulnerable to the pressures of eviction - the young, single, mothers dependent upon public support who, now alone,are subject to eviction.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

50% Families

Very young, single AFDC mother. Older homeless families illegally double up with extended family, reducing percentage.

50% Singles

Older, single male alcoholics of which 90% evince severe emotional troubles. 20-30 are " regulars" who sleep under the local bridge.

CONVENER PLAN TO INTEGRATE HOMELESS:

A dogged core of the Convener group met two years ago and made a commitment to intervene on the cycle of the single "down and out" homeless. Their first project was to obtain DPW and FEMA Alternative Shelter money (only 6 months allocation), and use it in an innovative partnership arrangement with a local Civil Defense Armory who provided space/heat/and security while the CAP provided staffing. A 30 bed simple Overflow shelter was set up. Staff was trained by a Project Coordinator with DPW help. Guests were accepted on a first come-first serve basis, drunk or disturbed. Showers were taken at the site. Dinner was at a local soup kitchen (Bread & Roses). The point of the project was both to meet the needs of the homeless guests, but also to be used as an assessment tool to determine just who and how many were homeless. When the warm weather returned, the shelter was closed and the group set about planing for an annualized Stage II (see Feature).Planning was facilitated by the Stage I experiment which gave them a reliable data base from which to design a complex project.

Contiguous with the developing program for the chronically homeless, families were served by an already established non-profit shelter (1980), Lazarus House, and by scattered site alternative shelter supported by FEMA funds using rooms in a local YMCA and motels.

RESOURCE NETWORK:

POINT AFTER CLUB - de-tox follow up shelter

LAZARUS HOUSE - shelter for singles and families, 20 beds.

ALTERNATIVE SHELTER IN SCATTERED SITE, while FEMA funds operational.

ALTERNATIVE SHELTER BY CAP IN ARMORY - 30 bed emergency, open 10 weeks first year. Now partial site of Stage II plan.

BREAD AND ROSES SOUP KITCHEN

* MULTI-NEEDS SERVICE COMPLEX (see Feature below)

GAPS IN RESOURCE NETWORK:

1. Funding for permanent shelter site for emergency shelter, and annualized staffing monies.

2. Annualized plan for homeless families, to handle increase.

OUTSTANDING FEATURE TO SHARE:

"Creative Funding for Multi-Needs Service Complex"

The Stage II Plan is that the CAP (GLCAC) is going to be sub-contracting with a private, non-profit agency to fund a 5 part project which would offer comprehensive delivery of service to homeless men, women, and families.Night time shelter will be provided with DPW funding at 30 bed emergency shelter in Armory. (Armory site will be used until permanent site is possible for emergency shelter). The day time program will include a triage to the following services: 1) Public Inebriate Program with a De-Tox, 2) DMH half way house, 3) Youth Half Way House, 4) mental health counseling, and 5) family case advocacy services (housing, benefits, etc.). This grant is one combined model of funding with resources from DPH, DMH, DPW. This is a joint effort to expand the P.I.P. model of service in Worcester to include a day time component.(see C-2 Worcester Feature). This is a first time team approach to provide a sophisticated meaningful outreach effort to "the guys under the bridge", chronic multi-problem homeless men.

LOWELL AREA

CONVENER: COMMUNITY TEAMWORK, INC.
Dulton Street
Lowell, MA 01852

CONTACT: Leo Desjarlais, Executive Director, TEAMWORK, INC.
617-495-0551

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Lowell was founded as a sister city to Lawrence by the very same leading textile industrialists of the world. After the collapse of the industry in the 1950's (due to the Southern edge), special efforts were made to revitalize the town. The Lowell National Historic Park, celebrating its mill town history, and booming high tech industry, "turned things around" reports the Convener. The unemployment rate is now at an all time low. Paradoxically, this boom is one of the main dynamics of local homelessness as this economic success is in turn driving up the rents as the income people "bid out". Another dynamic of homelessness in Lowell, is its new "magnet effect". People come looking for work because of the now positive unemployment picture; however, there are none. Those homeless people are sometimes found living in cars, as happened in 1980-82 to the unemployed smokestack industry workers of Michigan (the "black-taggers" so named after Michigan's black license plates) who drove all the way to eonomically booming Houston looking for rumored jobs that were, in fact, filled.

As is true of many of the cities which experienced extreme decline in the 1950's, a very srong anti-poverty agency developed when they were created in the 1960's during the Federal War on Poverty. This agency, the Convener (TEAMWORK, INC.), has been the strength of Lowell's ability to cope with the new socio-economic phenomenon of modern homelessness. This pre-existing anti-poverty management infrastructure gave Lowell an edge in responding to homelessness when state government under the Dukakis administration declared homelessness a priority of social welfare programming. The Lowell programmatic response to homelessness began immediately.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

80% Families

Mostly single female heads of household supported by public welfare.

20% Singles

Estimate more or less 100 singles. "Many homeless adolescents". Convener reports since there are no programs for homeless singles at this point, that they can't accurately profile those individuals. Some leave the area to use the nearest city of Lawrence emergency shelter.

CONVENER PLAN TO INTEGRATE HOMELESS:

The CAP agency was able to coordinate integration of services between its already multi-purpose anti-poverty agency with the new family shelter. The shelter is in a lovely suburban Victorian renovated for this new use, begun with DPW partnership funding . The average stay is 5-6 weeks. Day Care is provided (see Feature below). Before homeless families are placed into an apartment, the CAP agency signs a contract with the landlord guarenteeing payment. Facilitating family placements is the fact that the CAP is in charge of the Section 8 Housing Certificates.

RESOURCE NETWORK:

ST. ANN'S SOUP KITCHEN - open 5 days a week. Serves 150 meals.

ALTERNATIVE SHELTER - battered women's shelter.(DSS co-funded)

GREATER LOWELL EMERGENCY FAMILY SHELTER - the CAP's new family shelter, transitional, DPW partnership funded.

LOWELL GENERAL'S DE-TOX CENTER AND HALF WAY HOUSE

GAPS IN RESOURCE NETWORK:

1. More family shelter is needed.

2. Specialized shelter for multi-problem singles is needed.

OUTSTANDING FEATURE TO SHARE:

"Stability Fostered By In House Day Care Slots for Shelter Families"

The CAP (TEAMWORK, INC.) can access day care slots for homeless families in its shelter, since day care is one of its many other service programs it sponsors in the community. Therefore, all the kids of homeless families utilizing the Greater Lowell Emergency Shelter can participate in the same program, which gives them a positive support system while undergoing the trauma of homelessness. The CAP has found that many of the children of homeless families are extremely needy. The Convener articulates that many more preventive day care slots are needed to serve those children who appear to be subject to child abuse by homeless, stressed parents. They have found that it is helpful to the child and family if the children can keep coming to the Day Care Center during the resettlement process and for a while after that. They have found that the families need on-going counseling and support while learning parenting skills. This kind of day center can provide the stability that such a learning experience needs in order to be integrated by the young parent. The Foster Grandparents from the Elderly Center (another CAP program) supplement the staffing pattern of the Day Center, to the mutual benefit of both. Each child has an individualized service plan.

SOUTHEAST S-1a

(note: Although Attleboro is in Convenership, it is featured separately. See history below.)

BROCKTON AREA

CONVENER: BROCKTON COALITION FOR THE HOMELESS
c/o Catholic Charities of Brockton
686 N. Main St.
Brockton, MA 02401

CONTACT: Mrs. Marie Sheehan
Rev. Norman Naylor
617-587-0819

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Brockton is an old "shoe city". It has suffered from the exodus o that industry due to the foreign competition, and from the continue depression of the New England shoe industry. Brockton's economy i somewhat diversified, but remains a serious pocket of unemployment. Housing costs are increasing, as real estate costs in genera statewide are increasing.

In the 19 surrounding towns that make up the Brockton Area is th large town of Attleboro, which is actually affected by local force more immediate and outside of the sphere of influence of Brockto proper; therefore, Attleboro is presented as a separate convenershi in the following section S-1b,(a status it is seeking to legitimat with the state planning office on homelessness).

The Brockton Area populations facing homelessness are those with th lowest income, which are 1) the parent on the public welfare fixe income and 2) individuals who were living in very inexpensive roomin houses who could no longer afford the increasing rents.

STATISTICAL INCIDENCE OF HOMELESSNESS AS REPORTED BY CONVENER

60% Families

Mostly single heads of household on pubic benefits. Very often very young, alone mothers with no interpersonal support system.

40% Singles

Mixture of simple homelessness, and complex homelessness.

CONVENER PLAN TO INTEGRATE HOMELESS:

The desperateness of increasing homelessness was recognized by community leaders prior to 1983; they had already organized themselves into a coalition and were an important member of the Massachusetts Coalition for the Homeless working to establish a statewide anti-homelessness program. Stymied at first by fierce zoning battles around sites sought for a shelter, the Brockton Coalition finally won community acceptance of the shelter in a downtown rectory from all sectors of the Brockton community.

The Coalition is currently working to implement the following two projects in the planning stages, for which they are seeking funding.

* 1. Single Mother Support Project - For the past 3-4 years Catholic Charities of Brockton has sponsored a parish outreach program to alone and poor mothers in their community. This highly successful program has engaged some 90 families; they come in to a day program 3 times a week, which includes day care and on-going-year-long classes on parenting, house management, discipline, self image, nutrition, etc. The proposed program is an extension of this day time "home base" social support system.

The project will add to that, a one year transitional shelter on a cluster housing model that will include a live-in surrogate mother model staff. This program is for those interpersonally homeless mothers who need even more than a three times a week program, as described above. (Contact Marie Sheehan, Convener, for details of both projects).

2. A fuller program for alcoholic/multi-problem homeless singles. Currently the area DMH and local De-Tox work very closely with MainSpring, but the Convener group sees a need for a separate engagement model shelter to add as an option for those who need a long term "home base"... (such as the Parker Street Shelter of Boston combined with the C.A.S.P.A.R. model in Somerville, both serving chronically homeless mentally/alcoholically disabled homeless).

RESOURCE NETWORK:

MAINSPRING HOUSE SHELTER - (see feature below).

CATHOLIC CHARITIES SUPPORT NETWORK FOR ALONE MOTHERS

* SINGLE MOTHER SUPPORT PROJECT - planned.

GAPS IN RESOURCE NETWORK:

1. "Home base" for chroncially mentally disabled/alcoholic homeless - to add to temporary shelter base option (see below Feature)

OUTSTANDING FEATURE TO SHARE:

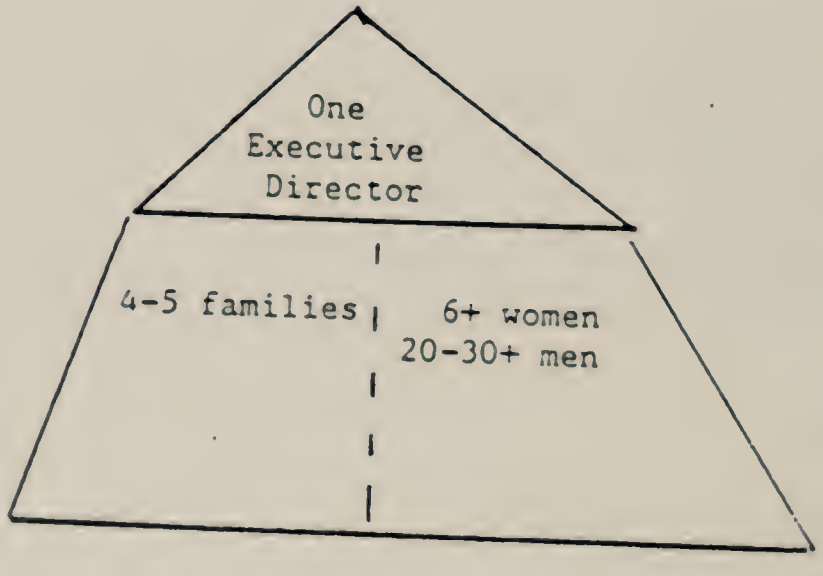
"Two In One Shelter Model"

MainSpring House is a DPW partnership shelter with full adovcacy services. However, it is unusual in that it serves two distinct homeless populations with one management staff.

At an annual operating cost of about $360,000 both homeless families and homeless singles are served. The shelter building itself has a wall within it; each program has a separate entrance in this huge ex-rectory.

Individual homeless people who seek shelter are engaged in active effort to stabilize from Day One.The singles make a verbal contract with the shelter Director, negotiating their length of stay which is based on their commitment towards accomplishing housing and a job. Some of the shelter staff are "homeless trustees", giving them a pathway out of a homeless life. A large clothing area and recreation area help create a social life for shelter users.

Community "in kind" donations have been remarkable. Contact Convener Marie Sheehan for details on aspects or all of this comprehensive program.



ATTLEBORO AREA

CONVENER: ATTLEBORO COALITION FOR THE HOMELESS
C/O SELF HELP, INC.
95 Pine St.
Attleboro, MA 02703

CONTACT: Mary Ellen Rochette, Exec. Dir. SELF HELP, INC.
617-226-4192

HISTORY AND DYNAMICS OF REGIONAL HOMLESSNESS:

In the last three years Attleboro service providers have witnessed an alarming rate of increase in family homelessness. Always able before to "squeeze" a homeless family in with a friend, or a vacant apartment - those avenues of emergency back-up have dried up as the DSS and DPW caseloads of homeless clients have increased. The Convener attributes this rise in family homelessness to an increasingly alienated society combined with rising costs in real estate values reflecting the increasing desirability of living in Massachusetts, especially in areas that have not yet been traditional affluent suburbs.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENERS:

90% Families

Often on AFDC, but also some "working poor" double heads of household.

10% Singles

A profile not yet established.

CONVENER PLAN TO INTEGRATE HOMELESS:

The Attleboro Area Coalition for the Homeless includes all the state bureaucracies at the local level, the local CAP (Convener), and faith communities. After a needs assesment and exploratory findings of costs, they decided to try to buy a building with foundation monies and seek on-going funding from the DPW. The lack of any regional public transportation rules out the use of motel vouchers as a feasible alternative to a local shelter base in this small, heaviy residential community.

In the past year the Coalition did acquire a site for a family shelter, and successfully worked out an EA formula of support for this shelter base with the local Department of Public Welfare.

A second project the Coalition is working on is to establish some sort of fund to be able to stop evictions for those families who face homelessness, but are not AFDC/EA eligible.

RESOURCE NETWORK:

SMALL FAMILY SHELTER

GAPS IN RESOURCE NETWORK:

1. * Establish a fund to prevent eviction for families facing homelessness who are not eligible for public welfare because their income is too high.

2. Needs assessment on singles who become homeless in Area; since there is no soup kitchen, it is not clear where singles who may become homeless go to survive and/or if they are Attleboro residents.

OUTSTANDING FEATURE TO SHARE:

"How The Convener Process Can Help An Area New To Homelessness"

Had there not been a state focus on homelessness with a central office coordinating activities of communitization, it would have taken years for this community to be able to make a plan and marshall itself to accomplish necessary funding for a family shelter. This community had access to the DPW funding for the homeless, and to private foundations like the Fund for the Homeless whose consciousness has been raised about homeless issues because of the Governor's public leadership targeting this forgotten population as a state priority. As a Convener they will receive mailings from the Governor's Advisory Board on Homelessness, and from the state coordination office of homeless affairs in EOHS; this will enable them to have in-put back into the state planning process where they can advocate for the cause of working class double heads of household families who face eviction.

FALL RIVER AREA

CONVENER: SALVATION ARMY
290 Bedford Street
Fall River, MA 02720

CONTACT: Major Kenneth Bevins
617-676-3057

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Fall River became a great whaling port prior to its prominence as one of the North's largest textile cities. Fall River is only now recovering from the depths it was thrown into when the South began its man-made fiber industry; and the 1930's Depression ended just about all other industry but coastal fishing.

Captain Deitrich of the Salvation Army (the original Convener contact who has been suceeded by the new Major Bevins) points out that it is not simply unemployment and poverty that are the causes of homelessness. He feels that it is a fatal interaction of that poverty with the area's long history of self identification as a "down and out" region.

He says this low self esteem "pervades the service system which therefore does not aggressively assist people". Thus when a low income family faces an eviction by fire, or by fiscal mismanagment, the network of service to re-integrate them back into the community is weakened by the malaise of hopelessness.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

70% Families

Tend to be families who need many services - help with child abuse and alcoholism.

30% Singles

Singles become chronic street people. Alcohol becomes, or was, part of the problem.

CONVENER PLAN TO INTEGRATE HOMELESS:

When the Convener did receive monies from FEMA and DPW Alternative Shelter Program, the Salvation Army was able to demonstrate that with aggressive case management families who became homeless were able to be helped back into housing - averaging one week's stay in a motel. The Convener worked with families on life management issues. The Army also worked with single homeless people, successfully utilizing (by bus) the Salvation Army in Brockton Adult Rehab Program and Providence Adult Rehab Program.

Between that endeavor of family case management, and identification of single homeless people who utiliized the local soup kitchen, a plan to create a three purpose shelter base was initiated; (see below for detailed description under Feature). The plan was realized in the summer 1984 funding grant from DPW. The shelter serves to 1) shelter singles and families. 2) integrate state and non-profit servcies for those previously unserved homeless, and 3) acts as a permmanent support system to prevent homelessness and act as a continuing base of support network for those who have been homeless.

RESOURCE NETWORK:

SHELTER CARE - shelter for families and singles,DPW partnership funding

SOUP KITCHEN

SALVATION ARMY ADULT REHAB CENTER (IN BROCKTON AND IN PROVIDENCE)

SCATTERED SITE ALTERNATIVE SHELTER FOR FAMIILES

GAPS IN RESOURCE NETWORK

1. A local comprehensive program targeted at alcoholic/mentally disabled single homelessness, which would include an on-going day social club model to which "non-active" homeless could tap into.

OUTSTANDING FEATURE TO SHARE:

"Shelter As a Way to Enable Effective Team Approach in Otherwise Non-Integrated Service Area"

The Convener planning group realized that not only was there not a shelter base in Fall River, but also there had not been active participation by the state services (DPW, DMH, DPW) to aggressively address the needs of homeless people. They also realized that the major force contributing to states of chronic homelessness that single homeless people fell into, was the lack of any on-going support network for them to tap into. Therefore, the reason Fall River decided it needed a shelter, rather than focus on only a voucher/case management Alternative Shelter system, was to put in place a mechanism that would give an opportunity for some sort of interagency team to work together. At the same time this would put in place a support system for potential or active homeless that would be able to work as a permanent support system. In this way both the homeless and the provider system could be activated. Then the issues of child abuse, alcoholism, fiscal management, and aloneness could be addressed effectively.

SOUTHEAST S-3

PLYMOUTH AREA

CONVENER: SOUTH SHORE COMMUNITY ACTION
17 Court Street
Plymouth, MA 02361

CONTACT: Richard Hinkly, Executive Director
617-746-6707

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

The Plymouth whaling industry downfall was followed by the mill-town's demise, leaving a generation of immigrants from Portugal, Italy, Germany, and Ireland who now make up a small minority of Plymouth's population. 1960's Urban Renewal was followed by the Southeast Expressway from Boston through the Plymouth Area to Cape Cod. That expressway generated a new wave of immigrants to the Plymouth Area, the Boston Commuters. The 1970 population of 17,000 swelled to the 1980 population of 35,000. However, the low income housing stock did not swell. The rents swelled instead! - from $100/mo ten years ago to $400+/mo now for a 2 bedroom apartment. Without intervention on this process, Plymouth generated homelessness is not likely to diminish.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

90% Families

90% of those are single heads of household supported by public welfare.

10% Singles

Unknown characteristics.

CONVENER PLAN TO INTEGRATE HOMELESS:

The Convener reports that the DPW has been lodging from 1-2 families per week in motels. In addition DPW has been utilizing EA to help clients with first months rent and security deposit. DPW stated that many of their clients when homeless will go live with a relative or friend in violation of the rules of their building.

Salvation Army receives 5-6 requests for help per week from transients. They must send them to Boston or Brockton. Sometimes, if late in the day, they lodge them overnight.

Catholic Charities Guild puts up many individuals for one night in motel lodging in emergency situations.

The CAP has been seeking Alternative Shelter Funding from DPW when the 6 month funding cycle is operational, and will continue to seek that funding.

RESOURCE NETWORK:

SALVATION ARMY (see above)

CATHOLIC CHARITIES (see above)

SOUTH SHORE WOMEN'S CENTER has safe homes for battered women.

DPW ALTERNATIVE SHELTER MONIES used for back morgages,rent payments, food and transportation.

GAPS IN RESOURCE NETWORK:

1. Convener wrote, " Families need assistance in financial planning. Need support services on how to access jobs and needed services to be able to maintain jobs, such as Day Care".

2. Needs assesment of single homeless, and mechanism to engage them in a "home base" to prevent drifting to Boston and Brockton shelter network.

OUTSTANDING FEATURE TO SHARE:

"CAP Welfare Advocate"

The CAP agency, South Shore Community Action, has on staff an explicit position called a Welfare Advovcate. Her responsibilities are to make connections at the Department of Public Welfare that her client should have, after advising her of her opportunities for assistance. The Welfare Advocate keeps her own relationship with the DPW Case Worker a "working one".

NEW BEDFORD AREA

CONVENER: PACE
P.O.BOX D-626
New Bedford, MA 02742

CONTACT: Craig Dutra, Executive Director
617-997-5732

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Since the mid-1600's New Bedford made its mark as a great whaling port, until the discovery of cheaper oil in the grounds of Pennsylvania in 1857. That simple discovery knocked out the whaling-for-oil industry. However, New Bedford became a vital textile center; but then inevitabley was forced to bow to the South and the Great Depression. Her eyes continued to look down until massive Urban Renewal efforts rebuilt her downtown, the waterfront, and the whole West End area. Property values here have slowly been rising ever since, particulary in the last two years as New Bedford is becoming known as one of the Renaissance Cities of the new age of high technology in Massachusetts.

The city's economy is a mixed one that includes the very seasonal fishing industry. Intense competition for jobs in this long depressed pocket of unemployment, has pitted cultural groups against each other. The city's minorities (Afro-Americans, Cape Verdeans, Portuguese, and Puerto Ricans) struggle against housing discrimination.

The Convener area (Acushnet, Dartmouth, Fairhaven, Marion, Mattapoisett, Rochester, and Wareham) is marked by strong neighborhood ties. Although some (30-50) of the homeless are "floaters", homeless families are from very connected families and even some very extended families.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

70% Families

Both single and double head of household.

30% Singles

Chronically homeless men and women; 90% of those estimated to be complex homeless, severely psychologically impaired.

CONVENER PLAN TO INTEGRATE HOMELESS:

The strategy for this convenership was to creatively tie together the already many helping programs in this very generous and committed community. It was decided to prepare a three part project that would be separately funded but would, in fact, be part of one service system (see Feature). Last year the project was funded in part by the DPW, although it remains a very difficult project to garner the 25% matching funds in this historically depressed economic area.

RESOURCE NETWORK:

MARKET MINISTRIES SHELTER - DPW Partnership Funded. Both emergency shelter for singles, and for a few families.

VOLUNTEERS OF AMERICA SHELTER - 3 families and some singles.

INTER-CHURCH DROP-IN CENTER for homeless

SOUP KITCHEN sponsored by local churches

FOOD BANK

GAPS IN RESOURCE NETWORK

1. Day Program for single homeless with emotional and alcohol problems..

2. Staff to case manage families utilizing Emergency Assistance for the CAP.

3. * Security Deposit Trust

OUTSTANDING FEATURE TO SHARE:

"Integrated/Separately Funded Tri-Part Package of Service"

The Convener group sought and won substantial funding to simultaneously support a three part plan that allowed coordination of services to families (using the above identified family/singles shelter) and singles, complemented by advocacy services from the CAP anti-poverty agency. This is an excellent example of why local planning and a positive state response to that planning furthers the effectiveness of public/private sector partnership funding. The trust and working relationship between the non-profit agencies and the state agencies is as important a by-product of this effort, as the resulting expanded shelter base.

CAPE COD AREA

CONVENER: CAPE COD COALITION FOR THE HOMELESS
Cape Cod Alliance
P.O.BOX 954
Hyannis, MA 02601

CONTACT: Ian McGolgin, Director, Cape Cod Alliance
617-771-1727

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

During the summer season Cape Cod, by far, has the greatest incidence of family homelessness in the state. Over the past ten years, a pattern had been developing of landlords raising rents during the summer months and those local families who couldn't afford those rents had been moving out to the local state camping grounds, living out of their cars or pitching tents. At a Massachusetts legislative hearing on homelessness in February 1983, a women testified that her youngest son, two years old, had "never seen the inside of a house" as his home had been with his mother and grandmother in the family car.

Historically, the Cape has been an area dependent upon tourism as its major industry. However, that same economic base is the very base that is ultimately driving Cape residents out of an opportunity to participate in the local economy, as homelessness means having to live in such a way that it becomes impossible to hold down a regular job. Moving to another community is out of the question, when virtually every area of the state is facing a housing crisis.

These conditions brought a very stong advocavy movement into being in the late seventies, emphasizing welfare rights. The Cape Area has been a leader in the movement to bring a statewide anti-homelessness program to the state.

Since 1983 there has been a dramatic improvement in the Cape's ability to shelter its homeless families and single individuals. The Convener group identifies three changes that account for that improvement: 1) the legislative bill "1886" of October 1983 which was the nation's first broad based anti-homelessness legislation which stoppped the practice of denying eligible people from receiving governmental support because they lacked a "fixed address", 2) the portion of that same bill which authorized the use of state funds to pay Emergency Assistance (EA) to eligible families for back rents or motel vouchers for temporary lodging while homeless, and 3) the DPW Partnership funding to support non-profit shelters, which allowed them to start their first shelter in July 1984.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER

80% Families

More than 100 at any one time in the summer. Mostly on AFDC.

20% Singles

Estimate 300 multi-problem, 100 simple homelessness from unemployment - seen over a year's time.

CONVENER PLAN TO INTEGRATE HOMELESS:

The strategy of the Cape Cod Coalition for the Homeless has been two-fold:

A) Take all measures that will achieve emergency shelter for the homeless.

This has meant use of DPW Alternative Shelter money, EA, and FEMA funds to pay back rents or shelter families in motels.

Also, the new presence of their family shelter serves to be able to concentrate advocacy service for clients in shelter and motels.

B) Take all actions which will expand the housing supply.

1) conduct work-shops for tenants to increase their success rate in the housing market,

2) reward realators who place homeless families in permanent housing,

3) work with the state Executive Office of Human Services towards creating some kind of restraint on seasonal excalating rents,

4) support tenant activism in its efforts to organize low income housing advocacy "town by town".

RESOURCE NETWORK:

87 WINTER STREET SHELTER, DPW Partnership funded for mixed population.

TEEN GROUP HOUSE, funded by state Chapter 689 Funds through DSS in Yarmouth

20 UNIT HOUSING COMPLEX granted to Amicus Corp. through Chapter 689 funding targeted to homeless people.

(con'd)

Shelter for Singles in Hyannis in state Armory facility, DPW supported.

Continued usage of DPW EA Vouchers for motels as temporary shelter.

DSS HOMELESS SPECIALISTS - Two, to help case manage families in motels.

GAPS IN RESOURCE NETWORK:

1. Convener is seeking some regulating formula for creation of affordable housing that would be responsive to increasing homelessness.

OUTSTANDING FEATURE TO SHARE:

"Group Advocacy"

Facing an impossible housing situation, advocates for the poor began to organize efforts of the poor to help themselves by using "educational advocacy" methods. This has proved to be highly effective.

The CAP agency (CAPE ALLIANCE) spots trends of areas that need interventions. For instance, if ten clients in one week come to the agency saying each one wants help with a specific Housing Authority ruling that is blocking their chances of getting on the local eligibility list, then the advocates call the one-on-one-complainers to a group meeting. They are encouraged to share their observations and to make their own plan to go as a group down to the Housing Authority and get their issues dealt with. This empowers a person with the problem to be better able in future situations to advocate for him/herself. Also, supportive relationships are made which help those folks effected by evictions (or whatever) not to feel a personal failure, but to feel the problem is with the situation and it can be acted upon.

LEOMINSTER/FITCHBERG AREA

CONVENER: MONTACHUSETTS OPPORTUNITY COUNCIL
305 Whitney Street
Leominster, MA 01453

CONTACT: Kathleen McDermott, Executive Director
617-537-9126

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Leominster and Fitchberg were developed as industrial mill sites using the water power of the Nashua River, a contributor to the Merrimack River. The textile industry gave way to southern synthetics by the 1950's. This area has basically been economically depressed ever since, until the recent arrival of some high-tech industry.

Two dynamics are driving homelessness -

1) Housing costs are going up because there is more demand for housing, but there has been no increase in the housing stock.

2) Leominster/Fitchberg area is now accessible to the recent outer Boston belt of Route 495, and therefore also accessible to the high tech industries which have been developing along the middle Boston belt of Route 128 over the past 20 years.

In summary, as one of the Convener group succinctly stated it, "The bottom line is that there is not enough money". Winchendon, Clinton, and other nearby cities of similar size, experience the same dynamics. Although unemployment is not high, entry level jobs are available but the salaries are limited.

The cities are connected by a reasonable transportation system, so that the Convener group plans for the whole area as one unit.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

80% Families

30% of those families are two parent, both unemployed.

20% Singles

30% of those alcoholic.

(CENTRAL C-1 LEOMINSTER/FITCHBERG)

This Convener group has a broad based membership which includes most of the state agencies. For this reason it has been able plan effectively, tying together resources already existing in the area that previously were unconnected. They have project proposals prepared and are working as a group on getting them accepted to insure all homeless families, simple homelessness singles, and complex homelessness singles have a "home base" option. This is a result of extremely accurate record keeping, which paid off in putting together accurate needs assessment tools prior to proposal writing. (see Feature).

RESOURCE NETWORK:

BOOTH SHELTER (SALVATION ARMY) - DPW Partnership funded shelter for mixed population.

WOMEN'S RESOURCES Safe Home Network

FARMER'S HOME a "Waiting House". (Uses one HUD unit).

DMH RESPITE SHELTER BEDS if people emotionally "at risk".

OUR FATHER'S HOME - shelter of last resort for singles or families.

DMH SOCIAL CLUB support nework for chronically mentally ill

GAPS IN RESOURCE NETWORK:

1.* CLEARING HOUSE PROJECT - funding for this planned project to maximize use of resources in these strung out communities for the benefit of all - includes Fitchberg, Leominster, Gardner, Ashburnham, Berlin, Bolton, Clinton, Lancaster, Phillipton, Royalston, Sterling, Templeton, Westminster, Winchendon. Project cost: $50,000. Information, referral, networking.

2.* Funding for planned $300,000 project to serve homeless, mentally disturbed alcoholics.

3.* Rural Housing Improvement, Inc. seeking financial support to continue its non-profit development of low income housing.

4. * Fiscal support for new family shelter planned in Gardner.

OUTSTANDING FEATURE TO SHARE:

"Thorough Needs Assesment Pays Off"

Knowing what you need is half the battle, as good proposal writers have learned. In the case of Fitchberg/Leominster a simple Needs Chart was prepared for the Convener Group. On the left hand down side were listed the myriad of social service and provider agencies in the Convener Area. Across the top of the sheet, areas of need were listed. These included: More Low Income Housing, Emergency Shelter, List of Landlords, Money Pool (and stipulation to be used for what), Day Care (for families being sheltered), Clearing House, Anti-Discrimination Assistance, and so on.

The graph was circulated, with each agency checking off the needs as it saw them. This information was collated, circulated back to the whole group, and from that the need for a further needs assessment was drawn up.

In this way, initial order was made out of what seemed a chaos of services and competing needs. A strategy to target certain projects as priorities to the whole group could be agreed upon, even though each agency is separately funded. This cooperative effort pervades this Convener's planning process. As project funding has come through, the group could feel that success as "part" of the total service picture. Good planning has served as a spur to further good planning, reinforcing a trust among disparate agencies and providers that further strengthens the communitization of the homeless effort.

WORCESTER AREA/BLACKSTONE VALLEY AREA

CONVENER: WORCESTER COMMITTEE ON HOMELESSNESS AND HOUSING
Housing Information Center
205 Millbury Street
Worcester, MA 01610

CONTACT: Kathleen Hasegawa
617-757-2200

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

This third largest city in Massachusetts is an old industrial center which owes its greatness to the man made Black Stone Canal which connected Worcester to the great southern ports of Connecticut and New York. The paper, shoe, and textile industries faded by the fifties, leaving the city to undergo a period of early urban decay; however, the city responded to massive urban renewal which helped support a continuing mixed manufacturing base. Slowly the service industries have moved in and a clear double economy is emerging.

The generations created by the masive in-flux of immigrants who responded to the need for cheap labor to work on the canals and in the mills, have inherited the fate of inadequately educated workers. They cannot compete in the new service industries that mark Worcester today. Those ill educated populations are the ones who suffer from the rising real estate costs.

Worcester has a strong tradition of commitment to social justice (the anti-slavery movement organized here). The WORCESTER COMMITTEE ON HOUSING AND HOMELESSNESS formed an important core of the Massachusetts Coalition for the Homeless, prior to 1983. For these reasons, although Worcester has many homeless people, it also has many programs for the homeless out of the great need and historical commitment.

The Blackstone Valley to the Southeast (almost in Rhode Island) seems geographically far away; but actually since canal days when they were part of the same economic eco-system, still identifies with Worcester as its "area". Therefore it has opted not to seek separate Convener status; however, for clarity, the profile of its service system is presented along with Worcester's as a specialized sub-community.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

WORCESTER 66% Families

Single parent heads of household on public welfare as well as double parented heads of household.

WORCESTER 34% Singles

De-institutionalized. Street chronics - multi-problem. Estimate 1,300 people.

BLACKSTONE VALLEY 40% Families

Single heads of household on public welfare.

BLACKSTONE VALLEY 60% Singles

De-institutionalized. Unemployed male and females. No street people. Adolescents.

CONVENER PLAN TO INTEGRATE HOMELESS:

Although this city, like its sister city of Boston, is full of many excellent progarms for the homeless, it has been difficult to plan a coordinated 4 year strategy to meaningfully chart a planned course of objectives towards the alleviation of homelessness. This is because the overwhelming task of the immediacy work (providing basic human protections to those without shelter) drains the potential energy pool that needs to be working on developing an overall plan. The main work of the Coalition over the past three years has been mobilizing organized advocacy, which did result in a statewide anti-homelessness effort. Until the Dukakis administration there had simply been no chance to hold one's head above water, which the Worcester Committtee on Housing and Homelessness has just begun to do.

This Convener group was very clear that its next strategy was to try to accomplish obtaining staffing for technical assistance in planning.

There are 5 emergency shelters totaling 113 beds. 11 transitional shelters - total 159 beds. (see Blackstone Valley separately below).

RESOURCE NETWORK: (WORCESTER)

YOUVILLE DPW Partnership funded shelter for families.

P.I.P (see Feature below) 43 bed alcoholic shelter.

JERIMIAH'S HOSPICE private, for chronically mentally ill.

MUSTARD SEED 7 bed emergency shelter.

OZANUM HOUSE - DMH funded shelter.

PROSPECT HOUSE MULTI-SERVICE CENTER

PRESCOTT HOUSE (teens)

DAY BREAK Battered women'shelter

ABBY'S HOUSE for teens

GAPS IN RESOURCE NETWORK: (WORCESTER)

1. Day time "home base" program with access to housing advocacy and social services for multi-problem singles (especially targeting mentally disabled/substance abuser person).

2. Expansion of family shelter capacity.

3. Expansion of services to homeless teens.

4. * Proposal for technical assistance in planning, and funding for long range comprehensive planning.

RESOURCE NETWORK: (BLACKSTONE VALLEY)

FAMILY SHELTER
SALVATION ARMY

GAPS IN RESOURCE NETWORK: (BLACKSTONE VALLEY)

1. Service system for singles that can offer day/night stabilization. (same bed); Day Program essential for chronic street homeless.

2. * More solid fiscal support system for their family shelter.

OUTSTANDING FEATURE TO SHARE:

"P.I.P. - Public Inebriate Program"

In 1937 public drunkeness was decriminalized in Massachsusetts, creating a need for a shelter service system designed to meet the need of this expanding unserved population. Initially funded by a grant from the National Institute on Alcohlism and Alcohol Abuse, this model program is now funded by a mixture of public/private sector funding which includes city monies. Aimed at "providing a multi-plicity of services to the chronic skid row alcoholic", it offers shelter, counseling and education, nursing and hygenic attention, referral services,research and evaluation. While basic provision of survival services is not contingent upon a client's acceptance or non-acceptance of treatment options, every client entering the survival shelter component is given the opportunity to avail him/herself of those services. Since P.I.P.'s beginning in 1974 the rate of Protective Custody decreased from 3,358 in 1975 to 83 in 1981. Inversely P.I.P. shelter/services has risen from 3,358 in 1975 to 11,614 units in 1981.
Problems with this kind of a shelter, as also experienced by its counterpart in Somerville, MA (C.A.S.P.A.R.) lie only in the fact if operating in an area with no other emergency shelter base, they become overloaded with inapropriate singles who are homeless but not alcoholic.Communities seeking to set up this kind of service operation need to attend carefully to community planning.

FRAMINGHAM AREA

CONVENER: GREATER FRAMINGHAM HOMELESS TASK FORCE
South Middlesex Opportunity Council (SMOC)
36 Concord Street
Framingham, MA 01701

CONTACT: Executive Director of SMOC (above) (recently changed)
671-872-4853

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Framingham is a classic case of where the traditional cure for urban poverty, known as "area pumping", has become part of the problem rather than part of the solution policy makers of the 60's sought it to be. A summary of the area's history demonstrates this phenomenon.

Prior to industrialization, Framingham was an isolated farming community far from Boston's ills. The railroad was built right through the center of town on its way to Worcester to facilitate industrial transportation to Boston. Therefore, Framingham became a good spot for manufacturers. Next, new proximity to Route 9 (a pre-turnpike major east-west road parallel to the railroad built for the economic reasons) , coupled with closeness to the new Route 128 Boston belt-way brought Framingham into a real estate relationship with those in the management of those manufacturing industries and related services industries (lawyers, accountants). Beginning in the early 60's the population in Metro-West were all attracted to the first shopping mall east of the Mississippi, known as Shopper's World, which was located on Route 9. Downtown Framingham suffered a significant decline. In the 1970's the Federal government stepped in with its form of "area pumping", which was historic revitilization.

Ivory Square was rehabilitated, sparking speculation and more gentrification of lodging houses. (Note: The Convener's agency rent tripled in one year!) Next, companies fleeing from downtown Boston's rising rents arrived, the Boston urban property having become too expensive to be cost effective. The final development was Framingham's central location for the expanding knowledge processing industries happening on Route 128, and now the new outer beltway of Route 495. Framingham, long bifurcated by the intrusion of the railroad line to Worcester, developed a classic bifurcated economy.

There are those who work/serve the new knowledged based industries; then there are those who can only work as "help" up and down Route 9 making a wage not sufficient to allow them to pay the rents and survive in the area.Female heads of household doubled in 10 years. The vacancy rate is less than 1%, as a result of "new interest" in the area. This has made what the Convener group calls an "unbelievable" housing crisis. Since 1981, 324 units have converted to condo's; 130 of these were inhabited by low income families. Although there are entry level jobs for unskilled jobs, many singles are "unemployable" due to mental, language, or educational deficits.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

85% Families

Evictions from escaling rents - AFDC and working poor.

15% Singles

Estimated that 90% of homeless singles are multi-problem homeless - alcoholism.

CONVENER PLAN TO INTEGRATE HOMELESS:

A combination of FEMA and DPW Alternative Shelter monies ($14,000 FEMA and $5,000 DPW) from November '83 through April '84 enabled the Framingham Convener group to determine that this area is best served not by starting a permanent shelter base for the families it serves, but by combining CAP aggressive case mangement with DPW motel vouchers. This was done; each case ac omplished in less than a week. Support food and clothing came from a pantry project called "A Place To Turn", much like the survival centers established in Western Mass.

The Convener, a CAP anti-poverty agency, was able to implement effective advoacy for low-income affordable housing (see Feature).

RESOURCE NETWORK:

DPW ALTERNATIVE SHELTER in the form of vouchers for motels.

A PLACE TO TURN - food pantry and survival center.

TENANT ADVOCACY (see feature).

SALVATION ARMY - case managed some families in motels, and services some street people.

MARLBOROUGH SHELTER - for mixed population. Started winter 84-85. This is a largely residential town near Framingham.

GAPS IN RESOURCE NETWORK:

1. A drop-in/advocacy center is needed for the multi-problem street homeless, with accompanying shelter base.

2. If family homelessness keeps increasing, other alternatives than motel base are indicated.

OUTSTANDING FEATURE TO SHARE:

"Information As An Anti-Homelessness Tool"

In order to act on the dynamic driving homelessness, the CAP prepared a sophisticated advocacy informational piece called "Framingham's Rental Housing Crisis 1984 - A Report Issued by the South Middlesex Opportunity Council, Inc.", February 1984. This became the basis for town meetings. This hard core information is helping Framingham rationally plan to act to ameliorate its housing crisis. (A yellow covered copy can be obtained from SMOC.) The town is currently locked into a polarized controversy on whether to pass an "anti-growth" law.

BOSTON

CONVENER: BOSTON EMERGENCY SHELTER COMMISSION
Boston City Hall - Room 620
Boston, MA 02201

CONTACT: Joe Vallely, Director Boston Emergency Shelter Committee
617-725-4507

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Boston is the Gordian Knot of Massachusetts homelessness. That is, the forces that have created and drive homelessness are the oldest, draw from all the historic causes of homelessness, - and operate at the same time ! (i.e. - acts as a magnet for surrounding area homelessness, gentrification, mismanaged deinstitutionalization, past lack of political leadership, an incresasingly alienated society made up of non-neighbors, housing crisis, poverty.) Boston has the most homeless, the most shelters, and the most difficult time of trying to respond to the overwhelming human catastrophe that these dynamics have created. The history of Boston is the history of the state, geometrically compounded by the enormity of numbers of people affected by that history.

Boston established itself as a major United States city by its role as an international port during Colonial days and during the first 100 years of United States history. Boston became the investment capital for the industrialization of Massachusetts. Housing patterns developed that were characteristic of all such United States business center cities. Poor, but stable, neighborhoods surrounded a "downtown" business district. A ring of affluent surburban towns surrounded the working class nighborhoods.

In Northeastern United States post industrial decay of the inner city occurred by the 1950's as a result of the textile flight to the South where cheaper labor markets existed. Social unrest followed, and the Federal government instituted the massive Urban Renewal policies of the 1960's and 70`s in an attempt to "re-vitalize" the downtown districts.

This, in turn, led to speculative increase in neighborhood property values. In Boston 1974 a two bedroom apartment cost $150/mo with heat, the same apartment in 1984 costs $500+ without heat. In the past two years alone there has been a 16% jump in rental costs. There has also been a drastic decrease in SRO (Single Room Occupancy) housing in all northern cities, including Boston, during the 1970's due to intense gentrification. In Boston, in the South End alone, there was a reduction of more than 500% of SRO housing during the years 1975-1980 (from some 560 lodging houses to 63 lodging houses).

These lodging houses were "home" for thousands of the newly alienated singles - a phenomenon of the side effects of the technological revolution in an increasingly mobile society. The Boston SRO's housed elderly no longer living as extended family in the old Boston neighborhoods. Also living there were hundreds of deinstitutionalized ex-mental patients who were placed there during the sudden disgorging of patients from the state hospitals as a result of the 1959 Action Report on Mental Health called in response to the increasing cost of maintaining chronically mentally ill patients in state hospitals. The resulting 1963 Mental Health Center Act caused two waves of discharge from the state hospitals - first in the mid-1960's into SRO's (without emotionally supportive "home bases" in the community), and secondly to the shelters (streets) during the mid-1970's when the final push was ordered while the housing crisis was full swing in Boston.

The mid-seventies displacement of SRO occupants (mostly socially isolated elderly and deinstitutionalized) whose support system had been the fragile "neighborhood", coincided with the break-up of the stable neighborhood. New settlement patterns were being imposed upon the old. Young urban affluents were buying into housing throughout what had formerly been solid working class neighborhoods. Although not meaning to be a destructive force, the resulting loosening of the neighborhood web of support allowed homelessness to take place as victims of evictions from rent increases and/or the 80's recession mixed with the old mendicancy. The old first line of defense, people on the block, had been eroded.

In Boston, there was a sudden swelling of numbers of homeless people at the local shelters. The summer of 1980 witnessed 700+ people at the Pine Street Inn, whose expanded shelter from a 200+ site the year before was only able to sleep 350 people. The SRO displacement was added to by increasing family homelessness. Only one family shelter existed in Boston in the mid-1970's (the Chardon Street Shelter, a spin off from the 100 year old Boston Poor House). Families who were homeless were being forced to give up their children to state foster care and enter the already overloaded shelter system for singles (the man to the men's shelters, and the women to the brand new women's shelters, or to battered women's shelters which had also just started). Also draining into the single shelter system in Boston were those newly homeless in surrounding cities or towns who had no Depression Era shelters to be there for them; this included towns of Lynn, Quincy, Waltham, Framingham, Malden, Medford, Chelsea, Cambridge and Somerville (see histories in this Study).

Initially the consciousness of homelessness masked the problem as simply a human services one. The public demanded "mental health solutions". Reluctantly the state did respond by setting up a shelter for the homeless deinstitutionalized (the Parker Street Shelter) in 1980. Ironically, this only made it clearer to the growing advocacy movement that homelessness was not confined to the mentally disabled.

In the section below describing the Resource Network, the dates of beginning programs are listed also, which will give the reader an idea of the explosion of homelessness that Boston has experienced. It is not surprising that Boston was the home of the advocacy movement for the rights of disenfranchised homeless people - founded by members of the shelter world, Boston inner city churches, and established community service agencies - all sharing the common historical heritage of the Mayflower Compact`s notion of "commonweal", upon which Boston and this country was founded.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

40% Families

In February 1983 42 families were counted in a one night count of Boston homelessness. In 1985, including the new family shelters and homeless families temporarily on hotel/motel vouchers, there are at least 200+ homeless families. The average stay seems to be at least 2-3 months, due to the extreme shortage of safe, affordable housing.

60% Singles

In February 1983 some 1,100 single homeless individuals were noted in a one-night count. In 1985 there are about the same number of beds for homeless singles. However, an unknown number of single individuals have come to the streets and been successfully placed in housing. Also, shelter bases for singles have been newly established since 1983 in the surrounding smaller cities of Lynn, Quincy, and Waltham, which used to drain into the Boston shelters. Therefore, any estimate is only rough, at best.

CONVENER PLAN TO INTEGRATE HOMELESS

It has been difficult to identify the lead agency on homelessness in Boston, to name as the Convener, since so many agencies are involved in trying to address Boston homelessness. Initally two community service agencies convened the early meetings planning for Boston homelessness (Greater Boston Family Services Association and United Community Planning Corporation). Follow up meetings were convened by the local Massachusetts Coalition for the Homeless. In the meantime, the Boston Shelter Committee (made up of leadership from all the Boston shelter providers) was formed as a sub-committee of the Governor's Advisory Board on Homelessness Task Force on The Emergency Response. At a winter meeting in 1983 of the Boston Shelter Committee, it was voted that the Boston Emergency Shelter Commission assume the Convenership, which it did for about a year - although chaired by the Executive Director of the women's shelter Rosie's Place. Following her retirement, the Boston Shelter Committee elected a dual chairpersonship of the leaders of two other homeless programs (Chardon Street Shelter and the Boston MetroDay Program). When the Boston Emergency Shelter Commission hired a new Director, the leadership of the Convening process apparently returned again the Director of the Office of the Emergency Shelter Commission.

The first two years of business of the Boston Convener group was consumed by trying to plan for the crush of winter homelessness, and how to allocate the FEMA funds which were assigned to each of the state's 26 Conveners (allocation to be decided by the grassroots planners). Another important piece of business accomplished was mobilizing the Boston Shelter Committee to help in the planning of a Drop In/Advocacy Center - day program that would complement the night emergency shelter system by serving as a day "home base" for the single homeless of Boston. An independent non-profit did come forward and began the Day Center (see Feature - St. Francis House); however, the Boston Shelter Committee did interact with the state planners on homelessness to insure that the helping bureaucracies would be meaningfully available at the site, and they lobbied successfully for a $125,000 grant from the state towards funding for the new center.

As the third winter is approaching, the Boston Convener is both still planning to address the fundamental fact of, "are there enough beds?," and as well, trying to iron out some of the day-to-day problems that happen in-between shelters and psychiatric/medical emergencies.

Most of the 1984 year was spent by local shelter leadership working on the Boston Health Care for the Homeless Task Force, staffed by a grant from Permanent Charities, which was planning a proposal for a comprehensive health care team approach for all Boston shelters. They applied for and won a 3+ million dollar 4 year grant from the Robert Wood Johnson Foundation, which will be adminsistered by the City of Boston by Boston Health & Hospitals. The state of Massachusetts also awarded the health care project $150,000. This is an example of what a staffed planning effort can accomplish.

The issues of Boston planning are:

A) There are some 700-1,000+ single homeless individuals utilizing the 650-850 shelter beds for singles, shifting from shelter to shelter in an uncoordinated way. This base of mobile destabilization is not conducive to development of social units in which these disconnected people can move towards getting their basic cluster of human needs met in any predictable way. This dilemma, in a free world of choice of shelters, is the challenge to planners whose goal is to enable homeless people.

B) Family homelessness is increasing. The housing shortage is increasing. Keeping families together and maximzing their options for re-integration into a community is a challenge involving integrated planning within all sectors of our society.

RESOURCE NETWORK: (NOTE: The reader should include the following Convener section listing Cambridge/Somerville Resource Network on this list, as homeless people walk a circuit that includes those neighboring cities across the Charles River).

WALK-UP EMERENCY SHELTERS FOR ADULT SINGLES -

PINE STREET INN, 1916, - 350 beds (300 men, 50 women). Mixed DPW and private funding.

SALVATION ARMY, early 1900's - 37+ beds, mixed.

SANCTA MARIA, 1972, - 10-15 beds for women. Private funding.

ROSIE'S PLACE, 1974, - 10-15 beds for women.Private funding.

LONG ISLAND SHELTER, 1982, - 100-200 mixed beds. City and DPW funded.

SHATTUCK SHELTER, 1983, - 50-100 mixed beds. State Department of Public Health funded. Initially a walk-up, in 1985 became semi-transitional.

DAY IS DONE, 1984, 5-15 couches for women.

TRANSITIONAL (TEMPORARY HOME) SHELTERS FOR ADULT SINGLES

PARKER STREET SHELTER, 1980, - 50 mixed beds. DMH funded.

FAMILY SHELTERS IN BOSTON AREA -

CHARDON STREET SHELTER TEMPORARY HOME FOR WOMEN, 1800's, 45 beds, state funded.

ROXBURY CORPS CENTER (SALVATION ARMY) - 1975, 4 families.

SOJOURNER HOUSE, 1980, 5-6 family units, privately funded.

HOGAR DE ESPANOL - 1981, 5-6 Hispanic families, private funding.

PROJECT HOPE, 1982, 5-6 families, DPW Partnership funded.

FAMILY SHELTER, 1983, 5-9 families, DPW Partnership funded.

ROXBURY FAMILY SHELTER, 1984, 16 families, DPW Partnership.

AGNES B. OWENS HOUSE, 1985, 6+ families, (serves Cape Verdean Community), DPW Partnership Funded.

CROSSROADS, 1985, 5-6 families, DPW Partnership Funded.

WOMEN-IN-CRISIS SHELTERS (most 5-6+ families), most DSS co-fund.

CASA MYRNA, 1974. some DSS funding.

ELIZABETH STONE HOUSE, 1974, 15 women, some DMH funding.

RESPOND, 1975, some DSS funding.

TRANSITION HOUSE, 1976, some DSS funding.

RENEWAL HOUSE, 1980,

MARY LARSON FORMAN HOUSE, 1981

F.I.N.E.X., 1984, - some DPW funding.

ADOLESCENT SHELTERS

PLACE RUNAWAY HOUSE

BRIDGE OVER TROUBLED WATERS

ADOVCACY CENTER

COMMONLIFE

TRANSITIONAL SUPPORTIVE PERMANENT HOUSING FOR HOMELESS PEOPLE

ROSIE'S PLACE II, 1980, 18+ ex-street women, privately funded

HORIZONS HOUSE, 1985, 6+ families, average stay 6 months to 2 years; initial state grant from EOCD (see Feature)

FAMILY HOUSE, 1984-5, - for single ex-street people.

DAY PROGRAMS FOR HOMELESS PEOPLE

KINGSTON HOUSE, around 1980, small day program for homeless men, privately funded.

* LUNCH PLACE FOR WOMEN, 1983, serves 50-75 homeless street women sit down lunch and sharing time. Privately funded.

* ST. FRANCIS HOUSE, 1985, Drop-In/Advocacy Center. Sit down lunch and clothes for 650+ mixed homeless street folk daily. Opening day program 9-3 daily. Counseling and advocacy services for housing, mental health, public benefits, health. (see Feature)

KIT CLARK ELDERLY PROGRAM, 1983-4. Lunch and socializing for elderly homeless men.

MEALS PROGRAMS AND/OR PANTRIES FOR BOSTON AREA HOMELESS

Arlington Street Church
Cape Verdean HOuse
Emmanual Houae
Haley House
Paulist Center
Our Daily Bread
Our Lady of Lourdes
Project Care and Concern
Saturday and Sunday's Bread
Social Action Ministries of Greater Boston
St. Andrew House
St. Leo`s Haitian Center
St. Matthrew's Parish
St. Joseph`s Parish
St. Vincent's De Paul Society
West End Drop In Center

OTHER PROGAMS AND PROJECTS PART OF BOSTON RESOURCE NEWORK:

PROJECT BREAD - Mainly funded by yearly WALK FOR HUNGER this project gives out funding to hunger projects overseas and in Boston.

FUND FOR THE HOMELESS - a newly created non-profit foundation, closely working with the Governor's Advisory Board on Homelessness and state planners, gives grants to Boston and statewide projects for the homeless, especially initial capital start-up funds. Located at 34 1/2 Beacon Street, Boston, MA 02108.

BOSTON CHAPTER OF THE MASS. COALITION FOR THE HOMELESS - publishes a networking newspaper for helpers in the local Boston helping network; it also hooks into their statwide office on legislative issues. (14 Beacon St.,Boston,MA 02108)

* POOR PEOPLE'S UNITED FUND - an Alternative to the United Way, focusing on grants to organizations that have not yet matured to full non-profit status, whose goal is to enable disenfranchised people. 262-5922. Privately funded.

MINISTRY TO THE HOMELESS - a street ministry to homeless people. (427-8192)

SOCIAL ACTION MINISTRIES OF GREATER BOSTON - INTERFAITH COMMUNITY SHELTERS - an organization of faith communities and caring human service agencies who have sponsored technical assistance to faith communites seeking to help the homeless. Helped seedling transitional shelter programs start in Lynn, Quincy, and Boston - using faith community builidngs. Rev. Brian Kelley, Coordinator, 350-8618

TRAVELER'S AID SOCIETY - a resources for homeless travelers who become stranded in Boston, or come looking for work.

UNITED COMMUNITY PLANNING CORPORATION AND MASS. ASSOCIATION OF MENTAL HEALTH - completed a 1983-84 comprehensive study of Boston Homelessness, called "Beyond Shelter - A Community Response to Homelessness",(available 87 Kilby Street, Boston, MA 02109.)

HUNGER HOTLINE - a round the clock number to call to find our where one can get food.(14 Beacon St. Boston, MA. 02108)

BOSTON FOOD BANK - one of three major food banks in Massachusetts; stores and delivers food to local meals and pantry programs at cost or below.

DSS HOMELESS SPECIALISTS to work with motel population.

DMH BOSTON CASE MANAGEMENT TEAM of six staff who coordinate access to 6 area based mental health centers in Boston. Supported by On-Call help from one of areas Catchment Area Centers (Mass.Mental Health Center) , who also keep aside 6 beds for diagnosis and evaluation of homeless mentally disabled, referred by Team.

GAPS IN THE RESOURCE NETWORK:

1. Coordinated planning to engage and stabilize the single homeless, with special focus on mentally disabled/substance abuse homeless person, for whom now there are no programs.(Process is beginning with a grant from the City of Boston to United Community Planning Corporation to begin first planning steps.)

2. Common referral to shelters for singles and families to reduce unpredictability and side effect stress of shelter search.

3. A range of on-going community support systems - for single disconnected, and for family disconnected, able to be tapped into by any person, not dependent upon "catagorical" help (alcoholic only, mentally disabled only, families without fathers only, etc.).

4. Mechanisms to insure permanent housing in stable communities [i.e. - public housing funds, restraints on escalating rents, floor income base adequacy, etc.].

OUTSTANDING FEATURES TO SHARE:

"Shelter and Stability for the Active Psychotic - It Can Be Done"

The Parker Street Shelter is a 50 bed unit staffed by the Mass. Department of Mental Health accompanied by a 5 part Day Program of options for guests. Guests who exhibit psychotic behavior found on streets or in shelters are referred for admission by Boston DMH Case Management Team. Importantly, each guests keeps his or her own bed; this makes a community milieu, in which guests treat as a fulltime "home base". Counselors work with guest connecting them (on site) to benefits, health care, housing help, etc.. Five option programs range from a Day Treatment Center, a self-help model Social Club, pre-vocational training milieu, and others. Progams are designed to fit the needs of guests as they come in, or develop. There is a focus on the young untreated chronic mentally ill person.(Contact: Barbara Davidson 617-727-1272.)

"A Way to Stabilize Day Time Life for Homeless People"

St. Francis House is an example of a concept that enables daytime stability in the lives of homeless people, a pre-requisite to offering any services to a person. Without this key in place, resources devoted to accessing mental health care, health care, access to benefits, legal help, etc. are immpossible to utilize. This ten story building uses the first three floors, and will use the basement soon, to serve the homeless in the downtown area where homeless people are.

The center piece of the program is a daily sit down noon meal, which attracts street people by meeting their most basic needs for fellowship,food,shelter, and acceptance.Also on the first floor is a desk where people can ask for a counselor or for a new fit of clothing. The second floor is offices - both of the in-house staff and connecting state and Federal agencies come in several times a week to make themselves available (DMH,DPW,SSI) through the relationship of trust that the guests have established with the in-house staff of enablers. The mezzanine will soon be opened for a casual milieu in which will be a juice bar, counseling parlors, a mediation room, a health clinic with wheelchair shower, a separate space for women, an artistic room, and a meditation room. The basement is expected to be renovated for showers and lockers. Guests may pick up mail at St. Francis House, such as a General Relief check.

Criteria for "admission" are simply a wish to participate, at the level at which a guest is comfortable.Many withdrawn street people need months or years of simple comforts before they will be able to trust again.(Contact Ira Grieff, Ph.D. 542-4211).

"Dignity and Respect No Matter What the Numbers"

The Pine Street Inn was founded as a shelter for transient "down and outs" in the early 1900's. Completely non-profit funded then, and now co-supported by the state DPW, it has been the teacher of all shelter workers in Massachusetts. Graduates of the Pine Street Inn way of doing things learn that privacy and respect are the most important gift that a shelter can give to its guests. The Inn sleeps some 300 men and 50 women each night. The shelter is kept scrupulously clean. Clothes of guests are "de-bugged" in a special warming room each night after guests take their shower. Everyone is accepted with "no questions asked", guarenteed a sqare meal and lodging for the night.

Now that the rest of Massachusetts is finally catching up to Pine, the management has been able to devote time and resources to two special projects, named after its recent Director Paul Sullivan. Two congregate living supportive lodging houses have been started for some of their long time street folks who need a a real home. (Contact: Val Lanier through Pine Street Inn at 617-482-4944).

"A Place For Those Who Reject, Or Are Rejected By, Shelters"

Two women who have been shelter workers in Boston for years, recently decided there was a need "just for a place where women can be at night" for those women who are barred from the shelters in the city because of their bizarre or"non-compliant" behavior. Some street women are afraid to get into a bed in a shelter , or don't want to part with their bags which hold all their earthly goods, or who simply are afraid of the big shelters. They decided these women should have a place to go at night, just to be safe.

They rented a store front, and put a lot of couches in it. Staffed by volunteers, now street women have a place to go to be safe for the night. This unusual shelter, called Day Is Done, is filling a desperate need for the women who come to it. Currently the project is trying to garner enough funding to expand the number of days a week it is open. (Contact: Beth Greeney, P O Box 130, Boston, MA 02120).

"A Permanent Home for the Chronically Homeless"

Rosie's Place was one of the first inner city shelters for women in the nation. In 1980 the Board of Directors decided they wanted to open a permanent home for some of the chronic street women who came to their doors regularly. Although they thought this would be fiscally risky, the Directors were convinced that "if you give people what they need, they can live in dignity". They wanted to prove it could be done. As it turned out, although the inital investment into the buying and the rehabing of a Boston inner city property was costly, the maintenance of the project could be supported by getting the women on entitlement benefits and charging them no more than 25% of their income. (con'd next page)

A unique part of this permanent home for disenfranchised street women is the support part of the project. By sharing dinner with the home's residents once a week, by conducting community meetings, and by making one-to-one advocacy available to the women by regular contact with Rosie's Place Advocate staff, Rosie's has become an effective non-profit Advocate Landlord.

The three family dwelling they bought and rehabilitated looks exactly like its neighboring houses. One floor is inhabited by a low income family, helping to stabilize the house. The homeless women of this project have simply become poor women, like everyone else in the neighborhood. The stigma of homelessness has not followed them. The project is living proof that the hopelessness of building a permanent home for the homeless lies in the failure of society to provide the resources needed, not in the interpersonal failure of the homeless person to respond to friendship and stability.

"Cut Flowers Make All The Difference"

When Jane Alexander, a frustrated ex-shelter worker from big shelters, decided to open a lunch place for women, she determined that it would treat each down-and-out street woman as a special guest. In the church basement on fashionable Newbury Street, she and her staff set the tables with tablecloths, cloth napkins, stainless steel tableware, and set a vase of fresh cut flowers. Initally only 5-15 street women gingerly came in to dine in 1983. Now some 50+ street women come for lunch and sisterhood. Jane reports miracles of change in some women. On a shoe string budget, Jane and her voluneteer staff prepare healthful fresh food and bread daily. The Lunch Place For Women is in financial need in order to expand its services from 4 days a week to 7. (Contact Jane Alexander, c/o Church of the Covanent, 67 Newbury Street, Boston, MA 02116).(267-0200)

"Creating An Official City Infrastructure"

When Boston City Councillor Ray Flynn (in 1982), (now Mayor Ray Flynn), decided he wanted to "do something" to help the homeless of the city, one of his aides worked closely with the Mass. Coaltion for the Homeless to draft an ordinance which would create an infrastructure at City Hall that would respond to homelessness. When it passed in 1983, it was the first time in history that homelessness was "someone's job" in city government.The Ordinance created a five person Emergency Shelter Commission with a Director and staff. Their job is to help groups in the city who are seeking to help the homeless, either by coordinating resources or by straightening the bureaucratic mazes out for groups trying to buy buildings for shelter or day program,(always complicated by zoning struggles).The office is also mandated to keep statistics on the numbers of homeless - a Step One of rational community planning. Boston has moved light years ahead in responding to homelessness since this office opened. 727-4507.

CAMBRIDGE/SOMERVILLE

CONVENER: CAMBRIDGE DEPARTMENT OF HUMAN SERVICES
City of Cambridge
City Hall
51 Inman Square
Cambridge, MA 02139

CONTACT: Isabella Hinds, Deputy Administrator
617-498-9076

CONVENER: SOMERVILLE HUMAN SERVICE DEPARTMENT
City of Somerville
City Hall
93 Highland Ave.
Somerville, MA 02143

CONTACT: Trisha Blackburn, Director
617-625-6600

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Although Cambridge and Somerville are lumped togethr by virtually everyone outside of those two cities, people in those two cities understand the two cities are entirely separate entities with their own dynamics. This is true, to an extent. As far as homelesseness goes, they both are paralyzed by the impact of the big city across the river, Boston. However, because the idea of communitization is to strengthen the base of each community to take care of its own disconnected people, we are presenting each city in a sub-profile.

Cambridge -

Cambridge itself is a "two part" city: 1) the University City and 2) the old manufacturing center, now largely replaced by hi-tech and service industries. In between and amongst the "two cities" are the packed neighborhoods of working class families. Cambridge real estate values are sky-rocketing because of a) its proximity to Boston, b) its identity as the home of the literi, c) the increased resources that hi-tech employed people can spend on housing, and d) the increasing resources (a la affluent parents) that the expanding base of the university students can pay for local housing and/or their ability to be able to pool their income and live together. e) All this makes Cambridge a ripe place for the real estate investor - both big time and small time. This dramatically increased price of property has stymied the Convener planning process from developing, as the cost of creating options for homeless people seems prohibitive.

Somerville -

Somerville, treated as a little sister to Cambridge, is a full fledged community with its own set of "homeless headaches". Historically Somerville became an industrial city because of its proximity to the man-made early 1800's Middlesex Canal which connected the Charles River of Boston to the Merrimack River of Lowell. Somerville remained residential in character, but is packed to this day with a large immigrant population, most recently from Haiti. Somerville is one of the most densely packed areas in the nation.

Much of its housing stock is going into industrial use; the remaining Somerville housing stock has increasingly become substandard housing stock 1) subject to competitive resource outlay for apartments by Tufts University Students, and 2) a victim of "discovery" by the young urban professional who can outpay Somerville's own citizens for housing. Somerville families find themselves squeezed into Boston family shelters when evicted, further diminishing any community/family ties of support.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

Cambridge — 50% Families

(Some traveling families with family ties). Mostly AFDC.

50% Singles

Street people. Large component ex-patients Metropolitan State Hospital.

Somerville — 90% Families

Mostly on public welfare.

10% Singles

(Have to go to Cambridge or Boston because only have shelter for alcoholics - see narrative following on Convener Plan).

CONVENER PLAN TO INTEGRATE HOMELESS:

Cambridge and Somerville are dependent upon the Boston planning process, if they are to make headway in serving their homeless. As sub-cities of the greater metropolis across the river, but available by foot across bridges to each other, they must be tied into an overall comprehensive plan. Both have recognized the need for this to happen, and are trying to make their case to the state.

Cambridge is the home of one of the outstanding family shelter models in the state, as well as the one and only comprehensive system to serve homeless alcoholics (see Feature). While the alcoholic shelter is commited geographically to Cambridge and Somerville, the family/singles shelter is not tied to an area. Nor will the new singles transitional shelter be tied to area.

Somerville has spawned a group of community people interested in developing a time limited church-based Somerville shelter for local homeless indigents, as a pilot project towards plans to then determine if they could develop a locally based transitional Somerville shelter to meet the needs of Somerville citizens that would also have a day "home base" for shelter users. Currently, this remains in the early stages of community planning.

RESOURCE NETWORK:

Cambridge SHELTER INC. - a 3-6 family shelter by referral. Also serves 15-20 singles for a limited stay. DPW Partnership funded.

SHELTER INC. III - This is a newly funded 20+ transitional shelter for singles that just bought a Cambridge church (Pilgrim Church of Cambridge), after a 2 year search for a site in Cambridge, who agreed to sell to them at 50% of what they might have sold for to a private developer, because of their commitment to mankind.DPW partnership funded. (Shelter Inc. II is the Boston Family Shelter).

SALVATION ARMY DAY PROGRAM for homeless street people and families. In Central Square.

HARVARD SQUARE MINISTRIES (WINTER TEMPORARY WALK-UP SHELTER) in University Lutheran Church staffed by Harvard student volunteers, DPW supported.

Somerville C.A.S.P.A.R.- program for the alcoholic homeless (see Feature)

SHORT STOP - program for homeless teens.

COLLEGE AVE CHURCH - Considering an interfaith transitional community based winter shelter.

GAPS IN RESOURCE NETWORK:

1. Comprehensive night/day program for mentally disabled/substance abuser street person. Need program to attract those individuals, and congregate supportive living project.

2. Adequate shelter/housing for local families of both communities, to prevent disruption of existing community ties.

3. Technical assistance grant tied into Boston planning process.

OUTSTANDING FEATURE TO SHARE:

" Shelter and Help For Homeless Active Alcohlic - It Can Be Done"

C.A.S.P.A.R. is the acronym for Cambridge and Sommerville Program for Alcohol Rehabilitation. This unusually comprehensive program for homeless alcoholic was originally Federally funded some 10 years ago. It is now fiscally carried by the new state Division of Alcoholism, Elderly Services, "sometimes" City monies, and a few private foundation grants. Open to residents of Cambridge and Somerville, this program provides a home-base for the community alcoholic no matter where he/she is in the disease process.

The "wet shelter" is one of the pieces of service in an integrated cluster of support services for the alcoholic, homeless or not. A "wet shelter" means one has to be intoxicated to get in! That shelter is located in 2 trailors in the middle of an industrial zone. The staff are understanding recovering alcohol abusers, and therefore bring a compassionate warm tone to this shelter.

Stays are not restricted. Shelter is not dependent upon participation in the fuller program. Psychiatrists are affiliated with the Harvard teaching staff at the Cambridge City Hospital. (Contact is Dr. Veronia Kotek - 617-498-1000).

The eight parts to the progarm are:

Woman's Halfway House (outreach and counseling)
3 Men's Half Way Houses
School Outreach
Children's Outreach
"Dry" Drop In Shelter - The Phoenix Club
Out Patient Department, Community Counseling Department at Cambridge City Hospital
Meals program and "Wet Shelter" (called the Blue Whale by some for blue trailors)
De-Tox Unit at Cambridge City Hospital

The only problem of this program is the absence of a comprehensive option system of shelter bases for the other homeless in the community. Therefore, many desperate for shelter homeless, drink a beer and seek entry. C.A.S.P.A.R. is abused and overused as a substitute for a regular emergency shelter.

GREATER BOSTON B-3

CHELSEA/REVERE/WINTHRHOP

CONVENER: COMMUNITY ACTION PROGRAM INTERCITY
83 Broadway
Chelsea, MA 02150

CONTACT: Leo Robinson, Assoc. Dir.
617-884-6130

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Chelsea is a "child of adversity" - a city strengthened by constant catastrophic assaults on its community. Historically completely isolated from Boston until the Chelsea Bridge was built to facilitate growing manufacturing and shipping industries, Chelsea used to be the resort area for Bostonians with her sister oceanside city of Revere. The first Chelsea fire of 1908 resulted in rebuilt expanded business section. The population pulled together and became fiercely proud of its "hometown" identity. The mid-fifties brought Urban Renewal. A project started and stalled for 15 years until the "Nizon freeze" on rebuilding was ended.

Just as community activists brought a positive focus on the new Federal housing projects, the Second Chelsea Fire of 1973 destroyed the city again. Again, comeback housing was planned. However, present Federal cutbacks on all public housing for the poor has left those hopeful projects in another limbo. Instead, real estate speculation has increased as investors have re-discovered Chelsea's desirability as a gentrifiable town.

Next door in Revere, a virtual YUPPIE Renaisance is taking place, as waterfront property soars in value. Gone are the arcades and up are going the condominiums. There is no rent control or rent review board. Without mechanisms for rising rents, the citizens of Chelsea and Revere face the same fate as Boston's South End and North End.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

95% Families

Mostly single parents on public welfare. Some working double parented families.

5% Singles

95% local alcoholics who chroncially live in streets.

CONVENER PLAN TO INTEGRATE HOMELESS:

During the 6 months that Alernative Shelter money and FEMA funds were available, the CAP (in this case, the Convener) successfully assisted many famiies struggling with homelessness. Out of that experience, the Convener group, which consists of a strong Interagency Council existing for many years, was able to determine what should be the components of a satisfactory program to help the homeless of Chelsea/Revere/Winthrop. (Winthrop, slightly more affluent, is least affected by homelessness; however, some familes did seek help from the CAP there during the past two years.)

The Plan:Start a family shelter with a complete service team (DPW, DMH,DSS) as part of it, which can provide outreach to the homeless Chelsea area motel families, currently located away from their community on Route 1. The Convener group wants to internalize the service system for its families, drawing all efforts into one team. A site has been located, now the need is the funds.*

RESOURCE NETWORK:

ALTERNATIVE SCATTERED SITE SHELTER - DPW funded, and CAP case managed. See Feature.

GAPS IN RESOURCE NETWORK:

1.* A community base for a concentrated interagency service team that can serve the scattered site homeless families, both at the motel sites, and at a Social Center (with small shelter base) where there is Day Care and a structured day for parents.

2. A mechanism like the Quincy Dual Shelter concept that can engage the multi-problem homeless, and develop a congregate supportive lodging house for them jointly funded by DMH/DPH.

OUTSTANDING FEATURE TO SHARE:

"CAP Contract To Prevent Homelessness"

Any family seeking as istance from the CAP to deal with homelessness, must sign a contractural agreement with the CAP case worker. A series of objectives are spelled out and agreed to. For instance, the contract may require that the young mother agree to attend Budgeting Classes (held by the CAP already as a community service) in order to be able to work with the case worker in seeking housing. Secondly, the CAP contracts with landlords agreeing to the intent of the CAP to work aggressively to insure that the landlord gets his/her rent. This may mean putting money aside with the AFDC mother for rent, or may mean doing the footwork to get the EA re-imbursements in a timely fashion. This process helps the landlords be responsive to homeless citizens when they know they have an ally with the CAP.

GREATER BOSTON B-4

MEDFORD, MALDEN, EVERETT

CONVENER: TRI-CITY COMMUNITY ACTION PROGRAM
22 Mountain Ave.
Malden, MA 02148

CONVENER: Scott Hebert, Director, TRI-CITY CAP
617-332-4125

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Malden, Medford, and Everett are industrial/residential cities that until recently were almost completely working class communities. The people of those families have strong community roots and identify separately with the city they are in. No large employers dominate the cities. Concerned with urban decay that followed the post-industrial slump of the fifties, the cities became very aggressive about getting Urban Renewal dollars for some commercial redevelopment in Medford, and many luxury hotels in Malden. However, partly because of that and partly because of unacceptable rents in Boston, these three cities have become increasingly attractive to Boston Young Urban Professionals - especially with the development of the MBTA Orange Line to the area.

In the last four years the vacancy rate, which used to be around 3% is now always under 1%. Section 8 Housing Certificates have been returned because no units are available. Rents in the high 200's two years ago, are now in the low $400's/mo. Then housing could always be found for the homeless, not now. No new housing has been built since early 1950's.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

80% Families

Single parent heads of household, especially teenage mothers.

20% Singles

Estimated 30-40 men. Some are transients. Some are mental healt clients. Some of group are street women.

CONVENER PLAN TO INTEGRATE HOMELESS:

The CAP agency learned a great deal from managing the winter season DPW Alternative Shelter money, and FEMA monies. The money was spen for scattered site shelter in motels, for preventing evictions, an for morgage foreclosure prevention. However, even with the ver experienced CAP agency providing case management for the homeles families in motels it took more than 2 months to re-locate families.

Therefore, the area is proceeding along two lines of strategy:

A) Serve the families the best they can, by establishing a shelter base with Day Services that will be able to include a Social Center for the motel families and an integrated Service Team (DSS, CAP, DPW, DMH) that can assist the families in the shelter as well as the motel population.

B) Work on expanding the housing stock by organized advocacy (see Feature).

RESOURCE NETWORK:

CAP MANAGED ALTERNATIVE SHELTER PROGRAM - DPW supported.

DSS HOMELESS SPECIALIST - to work with motel population.

MOTHERS CUPBOARD FOOD PANTRY - privately funded.*

GAPS IN RESOURCE NETWORK:

1. * Funds for Tenant Advocacy (see Feature)

2. * Funds for Malden/Medford Committee on Homelessness and Housing to support a shelter base with Day Componet to service shelter families and motel familes with integrated interagency team.

3. Project plan and funding to engage local street multi-problem population, and supportive housing piece with DMH/DPH funding.

OUTSTANDING FEATURE TO SHARE:

"Community Organizing As Anti-Homelessness Measure"

The following is quoted from the proposal, describing the component strategies:

"The strategies that the coalition can be expected to explore include:

-establishing a housing information and referral network, and better communications, among agencies and city departments responsible for dealing with housing problems, including Fair Housing and Human Rights offices;

-examining the feasiblity of programs like Neighborhood Housing Services (NHS) or Cambridge's Resident Cooperative Ownership (limited equity) effort to encourage low-income home ownership and property maintenance.

(con'd next page)

-exploration of innovative development approaches such as the Nehmi project (N.Y.C.), involving public/private partnerships, creati construction techniques, and sweat equity, to rehabilitate or bui additional units of low and mixed income housing;

-encourageing an emphasis on job training and neighborhood econom revitalization in these and other efforts in the community;

-research into, and advocacy for revisions in public/subsidize housing regulations to increase ability of local authorities/proper managers to meet emergency and other housing needs of local low inco individuals and families;

-investigation into family/emergency housing options;

-dissemination of information on housing resources and protections the low-income community."

GREATER BOSTON B-5

LYNN AREA

CONVENER: LYNN SHELTER ASSOCIATION
360 Washington Street
Lynn, MA 01902

CONTACT: Peter Teel, Director
617-581-7220

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Lynn's shoe industry declined in the early fifties; however, G.E. continued to carry the city economically until Federal Defense cutbacks in recent years. The city has been reeling under the burdensome tax rates made on an inadequate housing stock. Homelessness is driven by the simple lack of affordable housing. As the Convener group described it,"Lynn is in desperate need".

Up until the winter of 84-85 Lynn was one of the few regions of the state with absolutely no shelter base. It seems that Lynn's own self image as a depressed area was a factor in the community not initially wanting to support a shelter site, as if it would point up one more deficit of Lynn.

However, with the Mayor Marino`s strong leadership during the winter of 1984-85 Lynn finally did support two shelter sites - a 25 bed walk-up shelter for street down and outs, and a 10 bed church located transitional shelter. Lynn seems on the way to developing its own generic support system for residents finding themselves homeless.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

50% Families

Evictions, from non-payment of rent.

50% Singles

20-30 hard core street people of whom 90% are multi-problem. 10% are a simple housing need.

CONVENER PLAN TO INTEGRATE HOMELESS:

The first attempt in 1983 to be funded for a DPW partnership family shelter was unsuccessful as there were complications with the proposed site. The second sheltering attempt in Lynn (winter 83-84) was by a lone minister who did his best to keep open a small emergency shelter for street people; however, it closed for lack of continued resources and no supporting community organization. During that 83-84 winter the local CAP agency did manage some scatterd site shelter and maintained a back rents program.

As of March 1984 the Convener process finally gelled into a non-profit incorporated group, the LYNN SHELTER ASSOCIATION. A project plan was conceived, funded, and operated.The project maintained a winter 25 bed walk-up emergency shelter, and a 10 bed transtional shelter at a church site. The LSA is currently seeking funds to re-start this project for the winter 85-86, and beyond into an annualized program to hook up a day component with the Lynn Friendship Club (see Feature).

The LSA also is seeking funding to support a shelter home base for homeless families of Lynn, who now must leave their hometown and enter into the Boston shelter system for help.

RESOURCE NETWORK:

MY BROTHER'S TABLE - a Lynn nightly soup kitchen serving street homeless.

LYNN FRIENDSHIP CLUB (see Feature)- DMH Social Club.

SALVATION ARMY - maintains a winter "Side Door" program that offers showers and clothes to street people.

WINTER OF 84-85 EMERGENCY SHELTER - DPW Alternative Shelter Funds.

WINTER OF 84-85 INTERFAITH TRANSITIONAL SHELTER for graduates of the Emergncy Shelter. DPW Alternative Shelter Funds.

GAPS IN THE RESOURCE NETWORK:

1.* Annualized funding for a comprehensive night shelter/day program/transitional shelter complex which could engage Lynn's street multi-problem homeless. Integrated De-Tox program. Funding for Congregate Supportive Lodging House for that population.

2. * Funding for the LSA plans for a family shelter, that could meet the service and Day Program needs for Lynn homeless families in motels.

OUTSTANDING FEATURE TO SHARE:

Open Access from Street to DMH Multi-Funded Friendship Club

This remarkable, innovative, ten year old program (initally an N.I.M.H./CSP grant) is now mainly funded by DMH, but is also funded by a cluster of other funding sources such as:private foundations, United Way, re-imbursement by Mass. Rehab., Community Support Service Funds, City of Lynn, et.al.).

The Lynn Friendship Club is a 5 day a week social club providing a social support system for users of the mental health system and/or for socially isolated people in the community. A strong member self government is combined with a DMH staff sensitive to group needs for independence and guidence. The Club also offers vocational training and transitional employment.

The beauty of the progam is the way potential members are referred to the Lynn Friendship Club:

1.) People may be referred from the DMH In-Patient Unit or DMH Adult Out Patient Clinic directly.

2) People may self refer simply by walking in. It is the philosphy of the club that "if someone is comfortable here, we must be filling a need; so we will design a program around that person at his level of `entry'.

This self referral is particularly relevent to homeless people. People do not have to pass a test, a screening process, or determined be "mentally ill" to participate.

While the Lynn Shelter Association,(of which the Lynn Friendship Club was a strong member and actually shared their night space with the church transitional shelter), operated the 25 bed walk up emergency shelter, quite a few people coming to the shelter began to come to the Lynn Friendship Club. The night time stability "home base" allowed the street people who came to the shelter to seek the next level of social interaction - on their own.

WALTHAM AREA

CONVENER: METROPOLITAN BEAVERBROOK COALITION FOR THE HOMELESS
C/O DPW
411 Waverly Oaks
Waltham, MA 02159

CONTACT: Mary Prendergast, Director DPW
617-893-0146

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Waltham is the oldest Massachusetts example of how the very forces that keep a city on the map (maintaining a local tax base), are the very forces that are pulling the community apart and generating homelessness. Developmentally thirty years ahead of all other Massachusetts cities, Waltham is the archtype of the post-industrial city thrust headlong into the Computer Age.

Waltham was the very first city in the United States to be industrialized in 1814, by the later founders of Lowell and Lawrwence. The Boston Manufacturing Corporation was the first corporate structure in the world. The first American feminization of the labor force occurred in Waltham, in the textile mills. This was the site of the first cash wage for working in the mills, which up to then in England had been only an "in kind" compensation of housing. The company did also provide mill row housing for the labor force, which can be seen today - althougb the actual site of the housing was physically moved some years ago. In short, the events that happended in Waltham revolutionized the socio-economic world, giving it the shape we know today.

Waltham was also the home of the first manufactured watches. The textile mills closed by the fifties, and then foreign competition killed the watch business.

Waltham's sudden depression was lifted by the same factor that made it the first industrial site...location. In early-eighteen hundreds, the founders of the American textile mills decided on the Waltham site because of its access by river to major ports and potential in-land sites (by canal). In the mid-nineteen hundreds, the new electronic manufacturing industry also responded to the site of Waltham because of its access site to the Mass. Turnpike westward, and then Boston belt-way (Route 128). Other "high tech" industries and theier employees followed. These new tax producing industries attracted a highly skilled, well educated population. Property values rose. Prosperity returned - for some.

(GREATER BOSTON, B-6, WALTHAM AREA)

This was the beginning of the housing crisis for the working class children and grandchildren of the mills. Other factors that have interacted to sustain Waltham's 30 year housing crisis are: 1) 40% of Waltham is tax free, 2) Waltham includes 6 mental health institutions, all deinstitutionalizing, 3) 2 major colleges, both expanding off campus housing (Brandeis and Bentley), 4) town cannot sustain any more public housing, 5) presence of 3 prisons.

For these reasons there is a high percentage of homeless, alone, poor individuals. There is a growing percentage of homeless families from "working poor" class of people.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

50% Families

Battered women. Fires/emergencies. Single parent AFDC. 2 parent household who have exhausted resources.

50% Singles

Discharge Against Medical Advice (AMA) patients from local De-Tox. Discharge from local De-Tox Hospital. Leave state hospital AMA. Mentally disturbed, never have been admittted to state hospital. Eviction due to disturbed behavior. Fires/Ice Outs. Unemployed. Refugees. People looking for work. Ex-offenders.

CONVENER PLAN TO INTEGRATE HOMELESS:

This very strong Convener group was stymied for two years while they searched for a non-profit group that would set up the shelter base they envisioned. Finally a DPW partnership shelter was accomplished that serves some individuals and a limited number of families. Up until that point, all Waltham homeless were forced into the downtown Boston shelter system, or they tried to survive on the streets of Waltham.

RESOURCE NETWORK:

SOUP KITCHEN

DPW VOUCHERS FOR SCATTERD SITE MOTEL FAMILY HOMELESS

BRISTOL LODGE, some walk-up singles, some transitional families, DPW partnership funded.

GAPS IN RESOURCE NETWORK:

1. More family shelter capacity is needed.

2. Day and night integrated stabilization program for multi-problem singles, with final access to congregate supportive lodging house.

OUTSTANDING FEATURE TO SHARE:

" Strong Human Services Integration Can Design Cost Effective Integrated Intake"

Virtually the entire leadership of local human service and housing agencies are the planning Convener group in this community. The actual Convener is the local Department of Public Welfare Director. The leadership of the METROPOLITAN BEAVERBROOK COALITION FOR THE HOMELESS is the Director of DSS, Area Director of the DMH, Director of the Waltham District Court, Waltham Multi-Service Center, Manager of Division of Employment Services, Director of Office for Chidren, Red Cross, Salvation Army, Director of Mass. Rehab. Commission, Boston College Legal Assitance, Director of Waltham Housing Authority. Therefore, with "everyone in town" who is part of the service network working within one Coalition, they have been able to design a wonderful Integrated Intake Project.

The plan is to develop one central referral center with a tap into every service in town. This center can accomplish what is normally the work that falls to a local shelter as it seeks to work its way through the local bureaucracies for its clients. This kind of center will not only be enormously beneficial to those who are homeless and save important shelter servcice dollars; but also will increase the ability of the state funded services to their job as mandated by the legislative acts which created their function in the first place!

QUINCY AREA

CONVENERS

a) QUINCY COMMUNITY ACTION ORGANIZATION COUNCIL, INC.
1495 Hancock Street
Quincy, MA 02169

b) QUINCY INTERFAITH SHELTER COALITION
c/o Salvation Army
6 Baxter Street
Quincy, MA 02169

CONTACTS:

a) Rosemary Wahlberg, Executive Director, QCAOC
617-479-8181

b) Nancy Powers, Executive Director, QUISC
617-472-4230

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Quincy became an industrialized city as a result of the mining of its granite quarries; it has long been known for its massive shipyards, now the main industry. Ten years ago Quincy was a working class town sought after by people "moving up" from Boston's inner city. The creation of the belt-way around Boston (Rt. 128) introduced high-tech industries and their employees. Now Quincy is considered a Boston bedroom community.

Condominium conversion is rampant, to meet the growing need of the new affluents. 1970 - 1980 saw a loss of 10,000 units of low income housing. 35% of Quincy is multi-family; 65% is single family dwellings. Rents have quadrupled in ten years from $180/mo with heating to $400-$650/mo without heat for a one bedroom apartment. The assault on SRO housing has generated a class of chroncially homeless street people, and effects the lowest income family residents - the AFDC single parent head of household.

The few rooming houses that are left (4) are in demand by workers of the Quincy shipyards who are in Quincy as transfers away from their families in other parts of the country. Their salary rates allow them to rent rooms locally at an increasing cost, causing a displacement for the Quincy residents who cannot afford the increased rent.

The shipyards themselves are facing layoffs due to decreased demand, and complications with the Defense Department. This is an ominous development for Quincy, as it struggles to meet the social/emotional/housing needs of the indigent.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

66% Families

Single heads of household on public welfare.

34% Singles

GR eligible - mostly "unemployable" and "alcohol users". Some are single-issue-only simple homelesss - increasing.

CONVENER PLAN TO INTEGRATE HOMELESS:

The Quincy Area has been working diligently to develop a comprehensive, integrated approach to homelessness - both in the area of long range housing planned for the emotionally disabled/alcohlic and services to homeless families - under the leadership of the CAP.

In the summer of 1984 a coalition of faith communities joined together to open the most successful project in the state dealing with single "down and outs" of Quincy (see Feature).

RESOURCE NETWORK:

QUINCY CRISIS CENTER has a soup kitchen and night van to assist street people.

INTERFAITH COMMUNITY SHELTER - five bed transitional shelter for singles, with beginning day program (see Feature).

CAP CASE MANAGED EA FUNDS for homeless families in motels, rent arrearage assistance.

SOUP KITCHEN, supported by CAP for families and singles in need.

INTERFAITH 30 BED WALK UP SHELTER operated for 6 winter months, DPW Alternative Shelter grant

GAPS IN RESOURCE NETWORK:

1. Annualized funding for Dual Site Shelter/Engage/Place Model of program for the mentally disabled,socially isolated, alcoholic homeless people. (see Feature).

2. Funding for planned Social Center for socially isolated families.

OUTSTANDING FEATURE TO SHARE:

"Dual Site Shelter/Engage/Place Model of Social Integration"

A coalition of 50 Quincy faith communities engaged the help of the Homeless Technical Assistance team of Greater Boston Social Action Ministries (SAM) (who were paid by an EOCD grant to SAM) to set up a shelter/service system that would serve the hungry,cold, and alone steet homeless of Quincy. They incorporated as the Quincy Interfaith Shelter Coalition (QUISC) and received funding ($40,000) from the DPW to support an extension project of the 5 bed transitional shelter they had set up in the Salvation Army in summer 1984,staffed by volunteers.

Although this grant paid for two shelter sites, the two programs were really two parts of one project. PART I was a walk-up 20-30 bed shelter for anyone single in Greater Quincy who sought dinner and a good night's safe sleep (drunk, crazy, whatever). This shelter was staffed with students from the local college, who were paid a stipend of 5.00/hr.The local soup kitchen brought over meals, beginning at 7:00 pm.This emergency shelter was the only shelter in Quincy, so that even though it was a "walk-up", it was stable. The shelter was located in the fixed up basement of St. John's Catholic church whose Parish Council gave use of to the Interfaith Shelter Coalition at no cost.

PART II was a 5 bed (still operating) transitional shelter, located at the Salvation Army in the Day Care basement of its modern building - also at no cost. This was staffed by a complement of 2-4 hours of early evening volunteers with a stipend paid for permanent staff member after 11:00 p.m. to 7:00 a.m..

Both shelters were coordinated and supervised by one Coordinator, an experienced and dedicated Salvation Army social worker (who also is the Executive Director of the Quincy Interfaith Shelter Coalition). She provided the case management for each guest, in her role with the Salvation Army.

IF a guest at the walk-up shelter expressed a desire to participate in the five bed sister transitional shelter, where one had his own bed and locker, etc., he/she had to personally talk with the Coordinator and be able to write down the goal of wanting to be in the temporary home (i.e - find a job, find housing, go to De-Tox, etc.). Therefore, there was a semi-permeable membrane between the two sites, letting through the individual seeking to become part of a community and assume some responsibility for that decision. If the individual failed in his goal, he/she could return to the walk-up without shame.

In this way people could move at their own self supported speed.
In six months of operation, out of 250 different individuals (all but 10% from Quincy proper), 126 homeless people were placed into permanent housing. (Currently the group is seeking to add a day component to this project, and seeking annualized funding.)

WESTERN MASSACHUSETTS W-1

FRANKLIN COUNTY (GREENFIELD AREA)

CONVENER: FRANKLIN COUNTY/ATHOL COMMITTEE ON HOMELESSNESS
Franklin Community Action Council
39 Federal Street
Greenfield, MA 01301

CONTACT: Nancy Mitiguy, Associate Director
413-774-2318

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

A map (see inset) of this vast Convener Area will aide the reader in understanding the style of service system this Convener is seeking to meet the needs of the about-to-be homeless families and homelessness as it occurs in western Massachusetts. This part of Massachusetts is typical of western Massachusetts in that there are a few "hot spots" of industrialization, on the major rivers. However, the rest of the land has remained farming communities with the development of small towns around light industries. The economy of this county is very fragile, as it has always been dependent upon a handful of concerns. (In 1980 CETA was the second largest employer).

The county is conceptualized in three parts:

1. West County and Hill Towns in the third of most western county next to Northern Berkshire County. It is characterized by lack of any public transportation. Small farming and a paper mill are the mode of production.

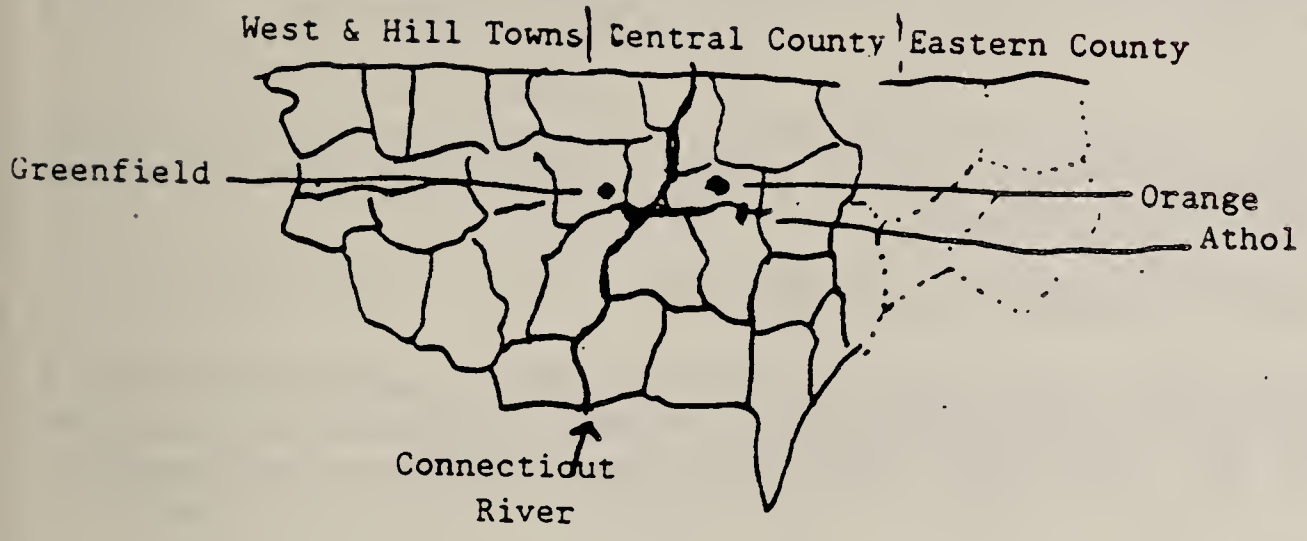
2. The middle section is the Central County, in which is Greenfield. Tool manufacture is the major business.

3. The eastern county is the home of the cities of Orange and Athol, connected by a bus route. Athol is a "company town", characterized by family owned businesses. Currently Athol still has the state`s highest unemployment rate, due to the continuing demise of what was once a solid industrial base.

The described "spread out" aspect of "small town life" is what has had to dictate the Convener's plan to deal with the potential and actually homeless population in a six part plan, (see Convener Plan section).

Real estate values are rising as they are passively responsive to the general rise in real estate values statewide. However, there is no way for the inhabitants to increase their income, thus subjecting them to homelessness by eviction. Two years ago a one bedroom apartment rented for $150/mo, now the equivalent is $250/mo (without heat). Landlords are breaking up apartments into smaller units; they are not accepting DPW EA vouchers because of re-imbursement lag time.

[See next page map of area]



[Convener seeks to continue to serve Eastern County of Templeton, Hubbardston, Baldwinville, Petersham, and Athol - even tho is in next door convener area on state Convener Map.]

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

50% Families

Both double and single head of household. Non-affordable rent, low supply low income housing, and eviction because of overcrowding.

50% Singles

10% Elderly, fixed income. 15% adolescent, age 15 to 21 year old with icome problem. 25% are 2 types of singles split evenly into 2 groups - 1) behavioral - state hospital discharging without placement; 2) alcoholism - revolving door De-Tox without support/shelter program.

CONVENER PLAN TO INTEGRATE HOMELESS:

As is typical of western Massachusetts, even though the area of service is spead out across the map, all the actors in the service system know each other and a strong community Convener process has taken place. Experience with resources from 1983-84 DPW Alternative Shelter (vouchers/case management) Program and FEMA enabled the Franklin County Committee on Homelessness to develop an integrated plan of action:

1. Develop voucher system with local landlords and motels.

2. Develop scattered site emergency family unit with Housing Authority. Ask EOCD to set aside (or do Chapter 707) scattered site units for emergency family use.

3. CAP (Convener) supply counseling and case management. Needs own funding.

4.* YOUNG PARENT PROJECT - develop 5 unit building cluster of independent living with a DSS contract, but private sector fund housing manager who can also act as advocate to system. Involve EOCD and CDC's in that planning.

5. SINGLE ADULT POPULATION PROJECT - same as Young Parent Project, but designed for clients who can benefit from Division of Alcoholism and DMH services.

6. Maintain SURVIVAL CENTER (see Feature).

Note that any integrated plan out in this area requires special funding, which they call TRAVEL ALLOWANCE FUNDS. Programs in place without the funds to get to them are simply meaningless in Franklin County.

RESOURCE NETWORK:

SALVATION ARMY

A BATTERED WOMEN SHELTER

GAPS IN RESOURCE SYSTEM:

1. The above listed Convener Plan is not yet funded. The monies to support those planned projects is the gap. These monies must be annualized and be predictable. Programs in this part of the state that involve geographic leaps cannot be sustained on any 6 months base. Also, the area is poor, and cannot raise significant resources from any foundations or private businesses to support a 50-50 partnership funding model..

OUTSTANDING FEATURE TO SHARE:

"Survival Center As I&R System in Rural Area"

One of the first of its kind, the Survival Center gives out clothes, food, and shares friendship with those in need. Given the fact that people become poorer and poorer before they face final eviction and homelessness, this center, in effect, serves as the basis of a very effective Information and Referral system. Users are helped into the provider helping network. People "come from miles around and that's how we find out they're in trouble", says the CAP Convener, which serves as the lynchpin to all area anti-poverty programs throughout the large county.

WESTERN W-2

HAMPSHIRE COUNTY (NORTHAMPTON AREA)

CONVENER: NORTHAMPTON TASK FORCE ON THE HOMELESS
c/o Jessie's House
82 Bridge Street
Northampton, MA 01060

Priscilla Bramen White, Director
413-586-8212

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

The bucholic setting of Northampton in the midst of three New England Colleges belies the desperate dynamics driving low income citizens of Hampshire County into the local shelter, if there is room, and out of the community if there is not room. Prior to the development of the DPW Partnership shelter base, this was one area in the state notable in 1982 for families living in their cars.

The dynamics driving homelessness seem to be beyond the area of influence within the convenership's power to effect change or new programming. Those interacting dynamics are:

1. Area has a low employment rate, but a very high "semi-employment rate". Wage base is lower than any wage base in the state, but this area has one of the highest rental costs.

2. The only industry is colleges, therefore inhabitants have to live near enough to work in those related service jobs because there is no public transportation to the surrounding hill country. However, the cost of housing is escalating because of the proximity of the colleges. There is no unionized labor to attempt to increase these salaries. Housing costs: in 1978 one bedroom apartment cost $185/mo; now costs $450/mo for same.

3. The trend is that people can only secure jobs without benefits. The impact of welfare mothers is that they are forced to stay on welfare for the medical coverage for their children; however, the welfare benefit is not enough to pay the rising rent.

4. College students can pay more for housing,as they experience a faster rate of affluence than is affecting the low-income population. Students can move in together to jointly pay rents in what was single family dwelling. Landlords charge what the market will bear; no rent review board, or restraints on increasing rents. Colleges are expanding need for off campus housing.

5. Competition for low-income housing is even more fierce due the added pressure to house the nearby Northampton State Hospital deinstitutionalized and Belcher Town mentally retarded deinstitutionalized.

6. Two DSS and two DMH service systems in the area weaken the service system to clients in the area, as often accountability for service is a fuzzy line which allows for needy clients to "fall between the cracks", further clouding the real service problem.

The shocking fact here is that without a post-industrial depression, without massive condominiumization, without introduction of the computer industry and its higher wages - this area has one of the greatest rates of incidence of family homelessness in the state.The famiiles who must leave the home area to find shelter are entering and overloading the nearby Springfield shelter system.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY THE CONVENER:

90% Families

On public welfare.

10% Singles

Mixed.

CONVENER PLAN TO INTEGRATE HOMELESS:

The Northampton Task Force on the Homeless has been working since prior to 1983 to respond to the fact of family homelessness. Although their capacity to respond to homelessness has been greatly expanded, the present system is not able to cope with area homelessness.

The battered women's shelter documents it turns away 4-6 families a month. Jessie's House, now four years old (it started at another site with another name), documents 70 families a month turnaway rate. Anti-poverty legal services, which are very competent, are simply helpless to prevent "defenseless evictions".

At this point the Convenership does not have an internal strategy to deal with the dynamics of family homelessness. They have carefully examined the question of whether another shelter is indicated, and have concluded that, based on the fact that Jessie's House average stay is 4-6 weeks because of the lack of affordable housing, it would not be productive to seek funding for another shelter.

RESOURCE NETWORK:

JESSIE'S PLACE - a DPW Partnership funded shelter for families and some singles.

NORTHAMPTON SURVIVAL CENTER - food and clothes

BATTERED WOMEN'S SHELTER PLUS SAFE HOMES

GAPS IN RESOURCE NETWORK:

1. Traditional forms of intervention into the homeless process (EA, shelter, assistance in housing search) are not sufficient in this area of the state.

OUTSTANDING FEATURE TO SHARE:

"Careful Documentation As A Form of Advocacy"

The Hampshire County Task Force on Homelessness which began to convene in 1982-84 was the very first group in Massachusetts to submit carefully documented monthly statistics on homelessness to the state legislature and to the Department of Public Welfare. This information reflected a count of how many families were seen a month, by what agency, what their disposition was, what was the make up of the family in trouble, and what was the understood cause of their homelessness. This area was the first area "out of Boston" to make a clear case of the existence of western Massachusetts homelessness. Ultimately this resulted in a statewide program to address homelessness, rather than simply a program embracing only the three biggest cities of Massachusetts (Boston, Springfield, Worcester) where it was known by anecdotal information that there were large accumulations of street homeless individuals. Although this area seems paralyzed at the moment, they have clearly made their case; this kind of accurate information gathering is a necessary prerequisite to the development of future next interventions.

SPRINGFIELD AREA

CONVENER: SPRINGFIELD TASK FORCE ON HOMELESSNESS
C/O HOUSING ASSISTANCE PROGRAM
145 State Street
Springfield, MA 01103

CONTACT; Peter Friedland
413-785-1251

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Springfield is the "Western Capital" of the state and mimics the actual capital's dynamics of homelessness. Springfield became the center of the Connectitcut Valley area because of its strategic position in the traffic of the industrial New England states - access to New York in the south, and access to the West. Metal goods became an important business as a result of Congress establishing Springfield as the site of a United States Armory. The tobacco fields attracted migrant workers (Afro-American, Puerto Ricans, Italians) up from New York City. These forces shaped today's bi-furcated economy. When the mills closed in the 50's, urban decay was counteracted by Urban Renewal. Loss of jobs in the industrial bases were replaced by jobs related to new service industries (banks, college service jobs, nursing, young urban professionals); however, the population taking up these new jobs was not the same one displaced from the industrial sector.

In the 70's, urban renewal shut down poor housing, and gut-rehabbing began. This significantly reduced the low income housing stock, and sparked real estate speculation. Immigrants and poor white decendants of the early settlers, subjected to years of permanent displacement from the job market, were the first to become homeless.

As in Boston, a shelter-for-transients model of shelter was started during the Depression days, as happened in all major urban centers across America. The Springfield Rescue Mission Shelter for many years was the only shelter option for homeless people in western Massachusetts. Without options a large debilitated pool of chronically homeless people developed. In the 1980'family shelters were started when it was realized whole families with children had joined the chronically homeless under bridges and in doorways.

As happened in Worcester and Boston, a plethora of excellent but uncoordinated services arose out of the non-profit world which formed the base for a very strong advocacy movement - here resulting in the Western Massachusetts Coalition for the Homeless.Unlike its two sister major urban centers, it has not remained completely "stuck" in the developmental process, unable to form a coordinating infrastructure (see Feature). Therefore, possibilities for serious amelioration of homelessness now exist in the Springfield area.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

50% Families

Young, AFDC families, single parent homes.

50% Singles

Estimated 1500 individuals. Multi-problem, as well as simple unemployed.

CONVENER PLAN TO INTEGRATE HOMELESS:

Prior to the city itself becoming involved in the planning for the homeless, the Convener group was faced with 6 provider models of services to the homeless - 1) a battered women's shelter, 2) one family shelter, 3) one mixed shelter (DPW funded), 4) two emergency shelters, 5) one soup kitchen, and 6) one food bank. The Convener joined forces with the new Mayor's Task Force on Homelessness and began a serious planning process with the goal of developing an integrated comprehensive service system for the homeless. Six months later they printed up their plan which provides for a) coordination and centralization of current network, b) creation of a needed shelter overflow strategy, c) a long range planning capacity, d) day time services to the need population, e) food services to those in need in the system. This systematic approach to Springfield homelessness breaks down into five separately funded units:

1. screening, referral, information center - it will screen, refer, provide vacancy tracking and referral coordination, an information hotline, data generation, and be a transportation center;

2. emergency reserve shelter - to be used as an emrgency back-up shelter. Mayor Neal made that winter facility available for use last winter;

3. mechanism for long term plan - the rationale for this component was that the "disjointed band-aid" approach was inadequate, and that human cost effectiveness benefits by planning;

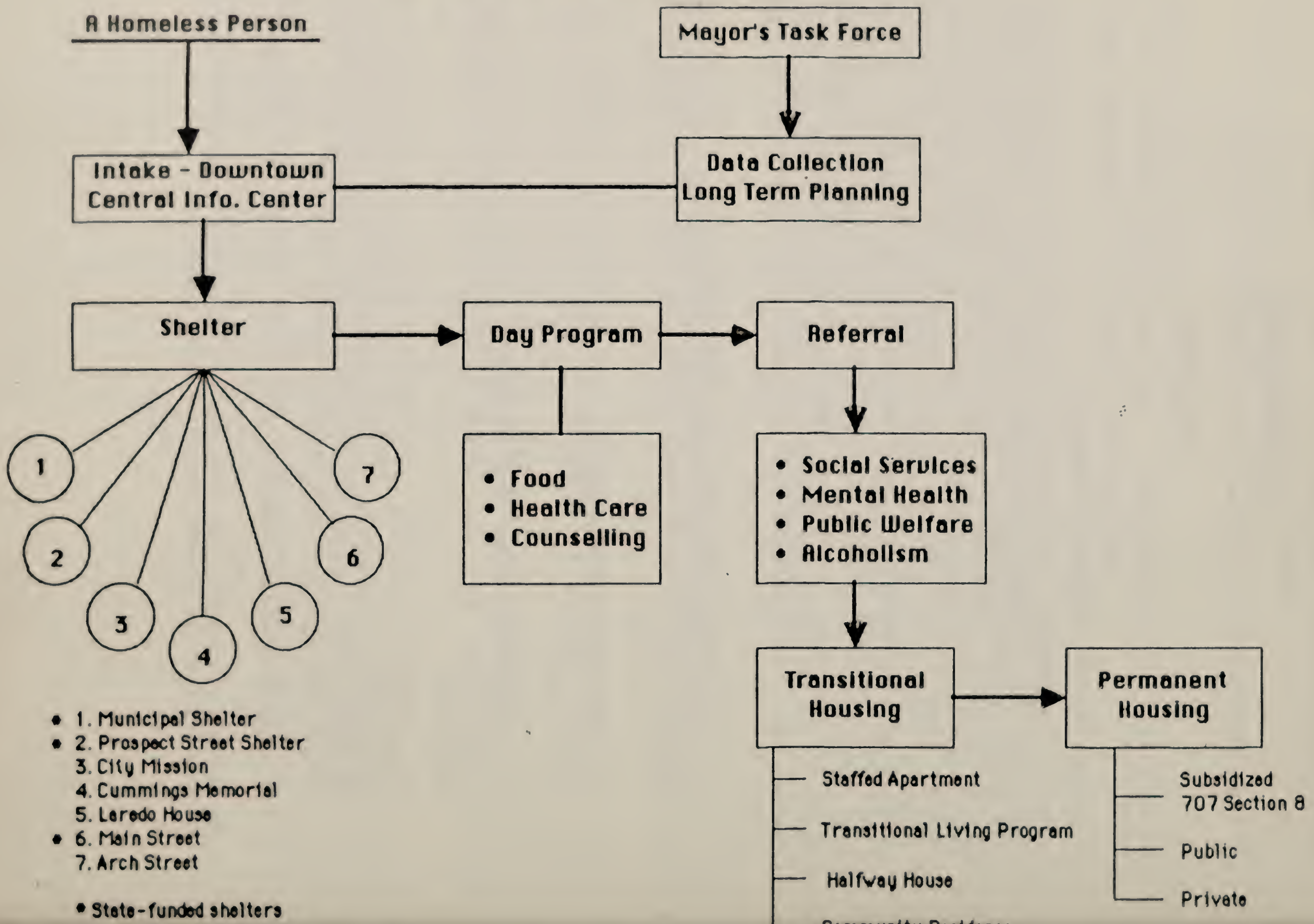
4. a day care program - The Women's Place, now open 6:30 p.m. to 8:00 a.m., is to be expanded to provide a day haven, with services for those who choose them, for homeless women and for marginal women living alone in the city. A DMH staff person will be on duty fulltime with regular center staff.

5. a food service program - expansion of existing soup kitchen.

See Figure 5 on following page which diagrams the service constellation towards which the Springfield Convener group is working towards.

FIG. 5

A MODEL PROGRAM: SPRINGFIELD



- 1. Municipal Shelter
- 2. Prospect Street Shelter
  3. City Mission
  4. Cummings Memorial
  5. Laredo House
- 6. Main Street
  7. Arch Street

• State-funded shelters

RESOURCE NETWORK:

DAY CENTER FOR WOMEN - to be expanded

EMERGENCY SHELTER OF GREATER SPRINGFIELD (DPW Partnership),40 beds, mixed. (families and singles)

SPRINGFIELD RESCUE MISSION 60+ beds, for singles.

OPEN PANTRY - food center

JEFFERSON STREET SHELTER 15 beds

FOOD BANK

C. MEMORIAL SHELTER 40 beds, mixed

GAPS IN RESOURCE NETWORK:

1. Comprehensive Drop-In/Day Advocacy Center for multi-problem homeless, with full stabilization of night time shelter base.

OUTSTANDING FEATURE TO SHARE:

"A Pot of Money As An Organizing Tool"

The state office of human services (EOHS), frustrated by requests for money from competing agencies in Springfield, decided to put a line item in the Massachsuetts budget asking for $100,000 for Springfield homelessness, with the stipulation to Springfield providers that not one penny would be given to any Springfield agency unless they, together, submitted a comprehensive, integrated short and long range plan to go with it. Knowing they were planning about a reality, the Convener - considerably strengthened by the Mayor's Task Force on Homelessness - came up with the document described above in planning section. For the first time, agencies who had been unable to plan together previously, were able to unite. The planning exercise itself stregthens this area's potential for meeting the needs of its citizens in the future.

HOLYOKE/CHICOPEE AREA

CONVENER: VALLEY OPPORTUNITY COUNCIL
36 Center Street
Chicopee, MA 01013

CONTACT: Anne Houston, Dir. of Main St. Shelter/A.Dir.CAP.
413-592-2651

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Although Chicopee and Holyoke share the same CAP agency, who is the Convener for this area, the two cities each have their own Convener Group under the same CAP leader! Historically the two cities developed as separate industrial mill towns on the Connecticut River and its contributory branch, the Chicopee River. The demise of the industrial base by the fifties affected both area's population in a similar way. Both cities were left with heavy bases of ethnic working class populations who had come up the valley from New York over the years to work in the mills.

The major difference in what is generating the homeless population in these areas lies only in the timing of the arrival of new demand for the old worn down mill worker's housing. However, there are other differences; therefore we are separately presenting the dynamics of homelessness and resulting conditions that are different for each city, suggesting different interventions.

Chicopee has barely maintained a more diversified economy (sporting goods, surgical dressing, electronic components, printers). However, Chicopee was mainly dependent upon the Westover Air Force Base which was closed, suddenly, at the end of the Viet Nam era. This left a huge space now being redeveloped into an industrial park and upscale housing...(as the Convener put it, "a developer's dream"). The Federal Government Services Administration awarded the land to a private developer, and excluded the low income piece that the CAP had struggled to include. As a result, local rents are escalating. Three years ago it was $150/mo for a one bedroom apartment, now $310-$325/mo for same.

Holyoke sunk into a classic deteriorating mill town. However, the old ethnic settlements (Irish, French, Canadian, German) were joined by new immigrants coming up the valley from New York picking tobacco, only this time they were from Puerto Rico. Already tesnions were exaccerbated when blacks, who had also recently moved in, were seen an an invading group. The major housing issue in Holyoke, therefore, is arson, an expression of continued violent ethnic conflict. The major factor that is going to be affecting the homeless rate in this coming year is the coming arrival of a major high-tech industry. Already speculation has begun in properties that will be valuable as condominiums for the new work force and related service industries.

Families in both towns double, triple, and quadruple up rather than become homeless and be forced outside of their community. However, the level of poverty in relationship to the rising cost of housing is ominously rising - literally ripping some families from their extended families and communities. Teenage pregnancy is the highest in the state. These area the immature families who are most forced, resourceless, into the two shelters.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

Chicopee 75% Families

Mostly young single parent; some double working heads of household.

25% Singles

Many young female alcoholics; some prostituting.

Holyoke 85% Families

Young, single parent, some double heads of household, working class.

15% Singles

50% Alcoholic

CONVENER PLAN TO INTEGRATE HOMELESS:

Loreto House was the first family shelter in Holyoke, begun in 1980, aside from the battered women's shelter, Companeros. In 1983 it was documented by the Mass. Coalition for the Homeless regional chapter that during the winter of 1982 there were at least some 25 homeless families living in their cars in that area.. Two years ago the DPW granted a Partnership funding package to a new family shelter (Main Street). Both Convener Groups have decided on the same overall strategy needed to bring services up to a level where the need is being met:

1. Seek annualized Alternative Shelter funding, including monies for a case mangement component.
2. Continue present shelters.
3. Seek DSS funding for a Transitional Teenage Shelter with private sector help.
4. Seek full funding for child care services.
5. Seek funding for a Housing Advocacy program that will address discrimination issues.
6. Seek funding for a staff person for the Convener who would have time to proposal write. The present Assistant Director of the CAP already is the Director of the Main Street Shelter.

RESOURCE NETWORK

LORETO HOUSE family shelter

MAIN STREET SHELTER DPW partnership funded, family shelter (some singles)

WESTERN MASS FOOD BANK

BATTERED WOMEN'S SHELTER

GAPS IN RESOURCE NETWORK

1. Predictable, stable funding for programs planned (see above Plan section). Partnership state funding is not possible to maintain in this area, because there is no private sector to support the non-profit providers. This is an area of all around extreme poverty, as is all of Western Mass, excluding Springfield.

2. Staffed fund raiser who can design programs, and seek to market them nationally or in other parts of the state. Programs simply cannot be created without start up funding in this part of the state.

3. Some mentally disabled homeless from this area have showed up in Springfield shelters, suggesting a local small shelter option might be indicated.

OUTSTANDING FEATURE TO SHARE:

" Its Hard to Find Any De-Institutionalized Homeless in the Chicopee/Holyoke Area"

For ten years the local Department of Mental Health Area, whose catchment area is the same as the Convenership, has had a very aggressive case management/advocacy program in place for deinstitutionalized persons it has discharged. The Mt. Tom Human Services Institute features a case work team whose sole job it is to keep ex-clients in housing. Apparently, according to the Convener, that approach has been highly successful. The family shelter experiences an excellent working relationship with the local DMH..

WESTERN W-5

SOUTHERN AND CENTRAL BERKSHIRE COUNTY (PITTSFIELD AREA)

CONVENER: SALVATION ARMY
West Street
Pittsfield, MA 02101

CONTACT: Major William Larcomb
413-499-0421

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

Pittsfield is the service city for the surrounding townships (14) of the southwest block of the state. Pittsfield began as a paper mill in the early industrial days because of its excellent location on the Housatonic River; later, factories produced machinery for the paper and growing textile industry. Now the area's economy is dominated by one very substantial electricity plant, the city`s largest employer. Even though the Southern and Berkshire County is physically isolated in Massachusetts by its geography, Pittsfield is still subject to the same national and state trends of the rising cost of housing. Rents have doubled in the last five years (from $180/mo for two bedroom apartment to $225/mo). The population who becomes homeless are those with the least resources and skills to find housing.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

60% Families

"Usually single parent head of household".

40% Singles

Estimate 80 people. Of those:

30% are young women (18-22 years) often from AFDC family. No skills, no experience in relocating. Immature.

40% are single men (18-22). "No job, no family, no drinking, no problem".

30% men and women, with alcohol/mental health problems, multi-problem.

(WESTERN W-5 - CENTRAL AND SOUTHERN BERKSHIRE COUNTY)

CONVENER PLAN TO INTEGRATE HOMELESS

Because the Convener has found out that those becoming homeless are both poor and without skills to find housing, the strategy to intervene on homelessness has been to strengthen a system that can aggressively help homeless people relocate by "hand holding" case management.(see Feature).

RESOURCE NETWORK:

SALVATION ARMY THRIFT SHOP

BATTERED WOMEN'S SAFE HOMES

LANDLORD RENTAL NETWORK (see Feature)

ALTERNATIVE SHELTER IN SCATTERED SITE from DPW Alternative Shelter grants.

DSS HOMELESS SPECIALIST - helps to relocate homeless in motels on EA vouchers.

GAPS IN RESOURCE NETWORK

1. Need local alcoholism services. Currently those cases have to be sent to the Salvation Army in Albany by bus.

2. Need DMH case management staff for mentally disabled homeless about to be discharged, and those on streets of Pittsfield. Need accompanying day support Drop In Center.

3. DMH/DPH Supportive Congregate Housing for single marginals.

4. Need strong Interagency Team to join Convener process.

OUTSTANDING FEATURE TO SHARE;

"Using Long Standing Credibility of Community Agency"

The landlords in the area have been reluctant to accept any DPW vouchers,leery of unmanageable tenants. However, they have responded positively to the integrity of the service agency, the Salvation Army in their efforts to develop a positive relationship with them and develop the conditions that allowed the landlords to accept the area homeless. The Salvation Army helps all clients;however,it screens out multi-problem individuals who are seeking DPW vouchers by taking them to the appropriate human servcice agency instead. This has maximized the use of the existing human service agencies, and helped those ready for housing be able to accomplish it. This approach was only effective because of the long standing respect for the Army by both the landlords and the poor of the area.

WESTERN W-6

NORTHERN BERKSHIRE COUNTY

CONVENER: NORTHERN BERKSHIRE COALITION ON THE HOMELESS
Northern Berkshire Community Action
41 Eagle Street
North Adams, MA 01247

CONTACT: Theresa Louison, Director NBCA
413-663-3014

HISTORY AND DYNAMICS OF REGIONAL HOMELESSNESS:

The Northern Berkshire County Convener area is some 11 townships that cover the whole northwestern part of the state. The service city is North Adams, where the same dynamic CAP agency director has been for some twenty years. Familiarity with each other characterizes these communities; strangers wandering in from neighboring New York, New Hapshire, or Vermont are noticed immediately and urged to return to home as there is no job market here for those newly unemployed. A post-industrial mill town, North Adams has fought inner city decline with efforts at downtown urban renewal. However, Federal monies gutted the city 14 years ago in supposed readiness to re-build, but the city stayed that way until. In the meanwhile, the plans for low income housing that was to have accompanied the project were dropped. Some industry and tourism are the basis of the economy.

Cause of homelessness: "People just don't have the money", reports the CAP director. Rents continue to rise, but incomes don't. Williams College students drive up those local rents near it, but the larger picture is not affected. There are four Public Housing Projects, but three are catagorical (2 elderly, 1 handi-capped); only one is for low income, but it has a one year waiting list. Once North Adams turned back EOCD development money because it was afraid "outsiders would come in".

Historically North Adams and Berkshire County area has had good reasons to be fearful, as it is such a small and relatively unimportant place, that big currents can truly overwhelm this lovely unprotected area of our state.

STATISTICAL HOMELESS INCIDENCE AS REPORTED BY CONVENER:

34% Families

No resources to pay the rent. Battered women.

66% Singles

Of that percent, 1/4 transients "looking for something", 1/4 adolescent youngsters, 1/4 crisis at home (alcoholic fight with mate), 1/4 chronic street people.

CONVENER PLAN TO INTEGRATE HOMELESS:

The Northern Berkshire Coalition on the Homeless is a well represented group of town leaders and service providers. The Salvation Army and CAP have kept meticulous records, and the group is well informed as to what it needs to assist their homeless. Beleagured by difficulties relating to far away Boston (see Feature) with its own special needs, some of the projects that could have gotten off the ground have not, but plans are still "in the works". Plan:

1. Use rooms of a nearby convent for temporary home (10 rooms) while CAP (almost next door) case manages active homeless in combination with -

2. Funds to prevent eviction, and staff to do support work.

3. Need Trust Fund for Security Deposits, which is the main obstacles to families and individuals return to housing.

4. DMH and DPH (Division of Alcoholism) active involvement in service base to street homeless. (only De-Tox is in Pittsfield), (DMH closed to homeless clients).

5. Restoration of legal services - now clients have to try to get legal help by phone at main office out of convener area. Clients have to use their own money for the long distance call.

RESOURCE NETWORK:

SCATTERED SITE DPW SUPPORTED ALTERNATIVE SHELTER

CAP AGENCY - Can coordinate all anti-poverty efforts in one network of service.

GAPS IN RESOURCE NETWORK:

1. Need technical assistances from the state to understand the maze of programs they may be eligible for . Need a local Interagency Team.

2. Need a low income medical clinic. Only one OB/GYN M.D. will see Medicaid patients. Regional hospital will turn people away who are homeless.

3. Funding for components of Convener Plan (see above)

OUTSTANDING FEATURE TO SHARE:

"Too Small To Fund?"

This Convenership is unusual because its programmatic response to homelessness has not fit the profile of existing state contract models and cost expectations. Example: Since the CAP only used 7.5K of the 10K FEMA money it was given, it was asked to return the money and denied DPW Transitional Shelter money the first time around. It had a proposal to convert the local convent beds to shelter beds at a cost that would have equaled what it had to turn back to the state, and was denied because the costs were so low. In fact, the almost no cost ten convent rooms would have served as a "lynch pin" to an already well developed service system. Apparently its smallness of need did not compare with the massive problems presented in some other cities in Massachusetts. However, homelessness is just as desperate in North Adams to those who experience it, as it is to those homeless in cities 100 times its size. Also, frugality should be rewarded!

Noticing this the DPW did respond by beginning a new shelter alternative funding pattern of flexible Alternative Shelter programs!

MASSACHUSETTS HOMELESS CONVENERSHIPS

NORTHEAST MASS.

PEABODY/BEVERLY/SALEM N-1	NORTHSHORE COMMUNITY ACTION PROJECT Main Street Peabody, MA 01960 Elizabeth Donovan, Executive Director 617-531-0767
GLOUCESTER AREA N-2	CAPE ANN COALITION FOR THE HOMELESS Action, Inc. 24 Elm Street Gloucester, MA 01903 Peter Anastas, Executive Director 617-283-7874
HAVERILL AREA N-3	COMMUNITY ACTION, INC. 25 Locust St. Haverill, MA 01830 John Cuneo, Assistant Director 617-373-1971
GREATER LAWRENCE AREA N-4	GREATER LAWRENCE COMMUNITY ACTION COUNCIL 350 Essex Street Lawrence, MA 01840 Chic LoPiano, Executive Director 617-687-0981
LOWELL AREA N-5	COMMUNITY TEAMWORK, INC. Dulton Street Lowell, MA 01852 Leo Dejarlais, Executive Director 617-495-0551

SOUTHEAST MASS.

BROCKTON AREA S-1a	BROCKTON COALITION FOR THE HOMELESS c/o Catholic Charities of Brockton 686 N. Main Street Brockton, MA 02401 Mrs. Marie Sheehan, Co-Chair BCH Rev. Norman Naylor, Co-Chair, BCH 617-587-0819
ATTLEBORO AREA S-1b	ATTLEBORO COALITION FOR THE HOMELESS c/o Self Help, Inc. 95 Pine Street Attleboro, MA 02703 Mary Ellen Rochette, Director 617-226-4192
FALL RIVER AREA S-2	SALVATION ARMY 290 Bedford St. Fall River, MA 02720 Major Kenneth Bevins 617-676-3057
PLYMOUTH AREA S-3	SOUTH SHORE COMMUNITY ACTION 17 Court Street Plymouth, MA Richard Hinkly, Executive Director 617-746-6707
NEW BEDFORD AREA S-4	PACE P.O.BOX D-626 New Bedford, MA Craig Dutra, Executive Director 617-997-5732
CAPE COD AREA S-5	CAPE COD COALITION FOR THE HOMELESS c/o Cape Cod Alliance P.O.BOX 954 Hynannis, MA 02601 Ian McGolgin, Director 617-771-1727

CENTRAL MASS.

LEOMINSTER/FITCHBERG C-1	MONTACHUSETTS OPPORTUNITY COUNCIL 305 Whitney Street Leominster, MA 01450 Kathleen McDermott, Executive Director 617-537-9126
WORCESTER AREA/BLACKSTONE VALLEY AREA C-2	WORCESTER COMMITTEE ON HOMELESSNESS AND HOUSING Housing Information Center 205 Milbury Street Worcester, MA 01610 Kathleen Hasagawa, Coordinator 617-757-2200
FRAMINGHAM AREA C-3	GREATER FRAMINGHAM HOMELESS TASK FORCE South Middlesex Opportunity Council 36 Concord Road Framingahm, MA 01701 Executive Director of SMOC 617-872-4853

GREATER BOSTON AREA

BOSTON B-1	BOSTON EMERGENCY SHELTER COMMISSION Boston City Hall - Room 620 Boston, MA 02201 Joe Vallely, Director 617-725-4507
CAMBRIDGE AND SOMERVILLE B-2 (CAMBRIDGE)	CAMBRDIGE DEPARTMENT OF HUMAN SERVICES City of Cambridge City Hall 51 Inman Square Cambridge, MA 02139 Isabella Hinds, Deputy Administraton 617-489-9076

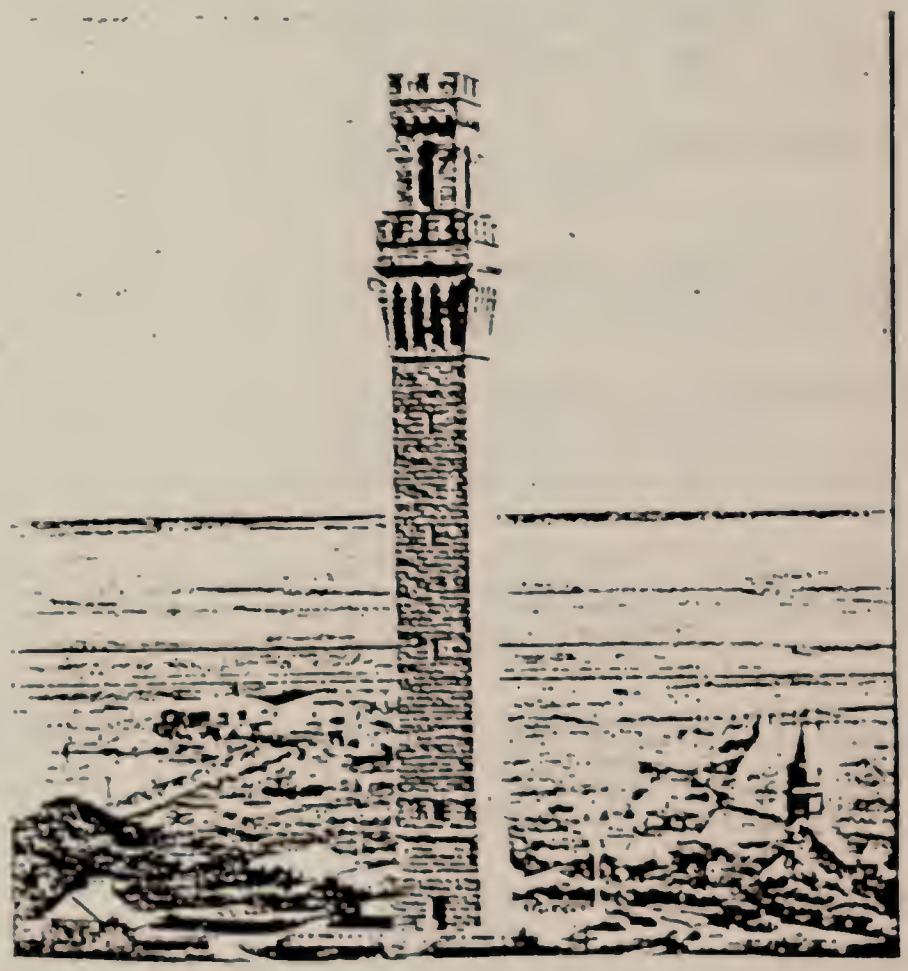
(SOMERVILLE)	SOMERVILLE DEPARTMENT OF HUMAN SERVICES City of Somerville City Hall 93 Highland Ave. Somerville, MA 02143 Trisha Blackburn, Director 617-625-6600
CHELSEA/REVERE/WINTHROP B-3	COMMUNITY ACTION PROGRAM, INTERCITY 85 Broadway Chelsea, MA 02150 Leo Robinson, Associate Dirctor 617-884-6130
MEDFORD/MALDEN/REVERE B-4	TRI-CITY COMMUNITY ACTION PROGRAM 22 Mountain Ave. Malden, MA 02148 Scott Hebert, Executive Director 617-332-4125
LYNN AREA B-5	LYNN SHELTER ASSOCIATION 360 Washington Street Lynn, MA 01902 Peter Teel, Director 617-581-7220
WALTHAM AREA B-6	METROPOLITAN BEAVERBROOK COALITION FOR THE HOMELESS C/O DPW 411 Waverly Oakes Waltham, MA 02159 Mary Prendergast, Director DPW 617-983-0146
QUINCY AREA B-7	A) QUINCY COMMUNITY ACTION ORGANIZATION COUNCIL, INC. 1495 Hancock Street Quincy, MA 02169 Rosemary Wahlberg, Executive Director, 617-479-8181 B) QUINCY INTERFAITH SHELTER COALITION C/O Salvation Army 6 Baxter Street Quincy, MA 02169 Nancy Powers, Executive Director QUISC 617-472-4230

WESTERN MASS

FRANKLIN COUNTY W-1	FRANKLIN COUNTY/ATHOL COMMITTEE ON HOMELESSNESS Franklin County Community Action Council 39 Federal Street Greenfield, MA 01308 Nancy Mitiguy, Associate Director 413-774-2318
HAMPSHIRE COUNTY W-2	NORTHAMPTON TASK FORCE ON THE HOMELESS c/o Jessie's House 82 Bridge Street Northampton, MA 01060 Priscilla Bramen White, Director 413-586-8218
SPRINGFIELD AREA W-3 HOMELESS)	SPRINGFIELD SERVICE PROVIDERS, INC. (INCLUDES MAYOR'S TASK FORCE ON C/O HOUSING ALLOWANCE PROGRAM 145 State Street Springfield, MA 01103 Peter Springfield, Executive Director of Springfield Emergency Shelter 413-785-1251
HOLYOKE/CHICOPEE AREA W-4	VALLEY OPPORTUNITY COUNCIL 36 Center Street Chicopee, MA 01013 Anne Huston,Director Main Street Shelter 413-536-2651
SOUTHERN AND CENTRAL BERKSHIRE COUNTY W-5	SALVATION ARMY West Street Pittsfield, MA 02101 Major William Larcomb 413-499-0421
NORTHERN BERKSHIRE COUNTY FOR W-6	NORTHERN BERKSHIRE COUNTY COALITION THE HOMELESS Northern Berkshire Community Action 41 Eagle Street North Adams, MA 01247 Theresa Louison, Director NBCA 413-663-3014

HONORING THE MAYFLOWER COMPACT

"This body politic was established and maintained on the bleak and barren edge of a vast wilderness, a state without a king or a noble, a church without a bishop or a priest, a democratic commonwealth the members of which were straightly tied to all care of each others good and of the whole of everyone. For the first time in history they illustrated with long suffering devotion and somber resolution the principles of civil and religious liberty in the practice of a genuine democracy. Therefore the remembrance of them shall be perfected in the great Republic that has inherited their ideals."



Written on the Pilgrim Monument at Provincetown, Cape Cod, Massachusetts, which was erected to commemorate the landing of the pilgrims in the New World on November 11, 1620.

It is copied from the Torre del Mangia in Sierra, Italy, of the Renaissance style.

The present Pine Street Inn Shelter in Boston, sheltering between 350 to 750 homeless people each night, also shares a copy of the same Italian tower as part of its structure.